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Business Application

Business Name: _____

Legal Name (if different): _____

Federal ID# (EIN): _____

Business Address: _____

Business Phone: _____

Fax Number: _____

Type of Company: Corporation Partnership Limited Partnership
 Sole Proprietorship Other

Principal's Name: _____ **Title:** _____

Principal's Phone: _____ **Social Security #** _____

Year business started: _____ **Total # Employees** _____
(At this location)

Banking

Name of Institution: _____

Address: _____

Type of account: _____

Account number: _____

Phone number: _____

Business References – Please list three

Name: _____
Address: _____
Phone #: _____

Name: _____
Address: _____
Phone #: _____

Name: _____
Address: _____
Phone #: _____

Credit References – Please list three

Name: _____
Address: _____
Phone #: _____

Name: _____
Address: _____
Phone #: _____

Name: _____
Address: _____
Phone #: _____

Your signature on this application authorizes the Management Company of property for which you are applying for occupancy to contact references to verify information and obtain credit history.

The information submitted herein is true and correct to the best of my knowledge. I authorize verification of all information given.

SIGNATURE

PRINT NAME

DATE

POSITION