

**LCC MALLS**  
Leasing Department  
**TENANT APPLICATION FORM**

COMPANY			
TRADE NAME		INDUSTRY :	
COMPANY NAME		TIN :	
FORM OF BUSINESS <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			
HEAD OFFICE ADDRESS			
TELEPHONE NOS.	FAX NO.	EMAIL ADDRESS / WEBSITE	
SSS NO.	COMMUNITY TAX CERT. NO.	DATE OF ISSUE	PLACE OF ISSUE
FRANCHISOR (if Applicant is Franchisee)	COMPANY NAME:		
	EMAIL ADDRESS	TELEPHONE NOS.	FAX NO.
CONTRACT SIGNATORY / CONTACT PERSON			
NAME		POSITION TITLE	
RESIDENCE			
TIN	SSS NO.	CTC NO/DATE/PLACE OF ISSUE	
OTHER APPLICANT INFORMATION (If business is Sole Proprietorship and Owner is the wife)			
NAME OF SPOUSE			
TIN		SSS NO.	
BUSINESS BACKGROUND			
MERCHANDISE MIX (with % distribution)		EXISTING BRANCHES	
PREFERRED MALLS		AREA REQUIREMENT	
OTHER BUSINESSES / AFFILIATES			
<u>Company Name</u>	<u>Line of Business</u>	<u>Address</u>	<u>Tel. No.</u>
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
(sign over printed name)  
Date: \_\_\_\_\_