Company Tenancy Application Form



Agent Number:		PLEASE COMPLETE IN BLACK INK & BLOCK CAPITALS RETURN BY FAX TO 0333 0000 164
1. FOR USE BY LETTING AGENT/LANDLORD ONLY		
Property Address:		
	nancy Start Date: Total Rent Pcm:	7
months	£	
	Is marked ** MUST be completed)	
** Company Name		Private (Ltd.) Public (plc)
** Company Registration No.	Date of Incorporation **	* Contact Name
Company negistration no.	Dute of mediporation	Contact Nume
** Registered office address		
Postcode	** Telephone Number	Email Address
3. ACCOUNTANT'S DETAILS (for reference request, if deemed necessary)		
Accountant's Name	Contact Na	ame
Accountant's Address		
Accountant's Address		
Postcode	Telephone Number	Email Address
4 BANK DETAILS (for reference	e request, if deemed necessary)	
Bank Name	Branch	Managers Name
Account Name	Account Number	Sort Code
5. DECLARATION		
I confirm that I am authorised to make this application on behalf of the company and that the information is true and complete to the best of		
my knowledge. The company gives RENTGUARD or their approved agent FLS authorisation to verify the information by whatever means deemed necessary and the company accountant/bank permission to respond to their enquiries.		
Signed	Print Name	Date