

RENTAL APPLICATION FORM

Level 1, 29 Princes Highway, Dandenong VIC 3175 Correspondence to: PO Box 7570, Dandenong VIC 3175 PH: (03) 9791 3868 FAX: (03) 9791 3858 EMAIL: info@richardsonfrench.com.au

Property Address:						
Lease Terms:	Years x	Years	Rent Revi	ews:		
Bond Amount:		Co	ommencement D	Date:		
Rental P.C.M:		l	Use of the premi	ises:		
Special Conditions:						
Applicant:	Registered for GST	☐ Yes ☐ No				
Entity/ Individual Name:						
ACN No:			ABN No:			
Contact Person:						
Address:						
Business Contact No:		Mobile No:			D.O.B:	
Driver's License:		Email:				
Directors/Individual:						
1. Name:						
Home Address:						
	Own home	Rentir	ng			
Driver's License:		D.0	O.B:			
Email Address:						
2. Name:						
Home Address:						
] Own home	Rentir	ng			
Driver's License:		D.0	O.B:			
Email Address:						
3. Name:						
Home Address:						
] Own home	Rentir	ng			
Driver's License:		D.0	O.B:			
Email Address:						



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Business References:

1.	Name:	
	Address:	
	Main Contact No:	After Hours:
	Fax No:	Mobile:
	Relation to applicant:	
2.	Name:	
	Address:	
	Main Contact No:	After Hours:
	Fax No:	Mobile:
	Relation to applicant:	
3.	Name:	
	Address:	
	Main Contact:	After Hours:
	Fax No:	Mobile:
	Relation to applicant:	
<u>C</u>	<u>urrent Premises De</u>	etails:
	Current Business Address:	
	Landlord/Agent Name:	Contact Person:
	Address:	
	Contact No:	Mobile No:
	Fax No:	
100	,	
I/V\		Hereby acknowledge that
un	der the Privacy Amendmen	t (Private Sector)Act 2000 the information contained herein will be solely for the confirmation and

under the Privacy Amendment (Private Sector)Act 2000 the information contained herein will be solely for the confirmation and verification of the purposes intended, and herby authorize RICHARDSON FRENCH to contact the third names parties, and agree to notify the said third named parties immediately of impending contact being made by RICHARDSON FRENCH