

COMMERCIAL PROPERTY OWNER									
Owner Information									
Business Name:				Years in Business:		Federal ID Number:		D&B Number (Dun & Bradstreet):	
Contact Name:			Telephone:			Email:			
Applicant Type (click one):									
Partnership		Corporation		Non-Profit		LLC			
Association		Trust		Government Entity					
Principal Owner Last Name:			First Name:			Middle Name:		Last 4 of SSN or EIN:	
Address:						Suite:		Company Position:	
City:			State:	Postal Code:		County:			
Telephone:			Fax:			Email:			
Co-Owner Last Name:			First Name:			Middle Name:		Last 4 of SSN or EIN:	
Address:						Suite:		Company Position:	
City:			State:	Postal Code:		County:			
Additional Co-Owner (if applicable, please provide Full Name, Address and Last 4 of SSN):									
Property Information									
Property Address:								Building Square Footage:	
City:					State:	Postal Code:		Year Building Built	
Property County:				Parcel ID Number/s:					
Project Type (select all that apply):									
Lighting		Doors		Roof		Other: _____			
HVAC		Solar		Windows					
Do you have a contractor selected for your project? Yes No									
If Yes, please provide:		Contractor Name:				Contractor Phone Number:			
Have you been current on your mortgage payments for the last 3 years? Yes No N/A									
Do you have any liens against your property? Yes No				Have you been current on your property tax payments for the last 3 years? Yes No					
Electric Provider:				Gas utility provider:					
Electric utility number:				Gas utility account number:					

COMMERCIAL PROPERTY OWNER			
Property Management Company			
Property Management Company Name:		Phone:	Years in Business:
Contact Name:	List Relationship to Property Owner (if None, check N/A): N/A		
Mortgage Lender Information			
Mortgage Lender Name:		Mortgage Balance:	
Mortgage Account Number:	Telephone:	Fax:	
Mortgage Lender Street:	City:	State:	Postal Code:
Second Mortgage Lender Name (if applicable):		Second Mortgage Balance:	
Second Mortgage Account Number:	Telephone:	Fax:	
Second Mortgage Lender Street:	City:	State:	Postal Code:
Acknowledgment & Signature			
I acknowledge that the information herein is true, and complete, to the best of my knowledge and belief.			
_____ Primary Owner Signature		_____ Date (MM/DD/YYYY)	
_____ Co-Owner Signature		_____ Date (MM/DD/YYYY)	
Application Submission			
Please send your completed and signed application via: <ul style="list-style-type: none"> • EMAIL to info@EVESTFlorida.com; • FAX to (407) 648-8382; or • MAIL your application to the following address: <p style="text-align: center;">LEIDOS ENGINEERING, LLC - PACE Processing, 1000 Legion Place, Suite 1100, Orlando, FL 32801</p> 			
For Office Use Only			
Application Acceptance Date:		Customer Number:	