

# MERRITT HOUSE CoWORK SPACE APPLICATION

## Personal Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
(Name, Phone, Relation)

## Business Information

Company Name: \_\_\_\_\_ Business Website: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_

## Credit References:

Company Name: (Name, Phone, Contact) \_\_\_\_\_ Company Name: (Name, Phone, Contact) \_\_\_\_\_

Prior or Current CoWorking or Health Club Memberships: \_\_\_\_\_

Prior Office Lease: \_\_\_\_\_

Prior or Current Residential Lease: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If Yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CoWorking Space Desired:

Large Private Office \_\_\_\_\_

Small Private Office \_\_\_\_\_

Mobile Member \_\_\_\_\_

Dedicated Desk \_\_\_\_\_

**Please Note: The First and Last month Membership Dues are due at the execution of the Membership Agreement.**