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Company Application Form

Rental Property Address: _____

Price: _____

Will you be paying Rent Monthly: YES/NO Invoices Required: YES/NO

Company Name/Lease Name: _____

Lease Start Date: _____

Tenancy Length: 12 MONTHS / 6 MONTHS

Postal Address: _____

Company ABN: _____

How many occupants are to reside at the property? _____

Are Pets to be kept at the property? YES/NO If YES, How many: _____

Type: _____

Other Requests: _____

Company Contact Details:

General enquiries:

Name _____ Phone _____ Email _____

Maintenance enquiries:

Name _____ Phone _____ Email _____

Accounts/Invoices:

Name _____ Phone _____ Email _____

Application Completed By:

Name: _____ Signed: _____ Date: _____