THE METROPOLITAN SUITES
DISTINCTIVE CORPORATE APARTMENTS

THE METROPOLITAN SUITES GUEST RESERVATION

GUEST INFORMATION:

Name (Mr./Mrs./Ms.) _____ DOB: _____
Last First MI

Present Address: _____ From: ____ To: _____
Street Apt. # City State Zip

Home Phone: (____)_____Business Phone: (____) _____ Soc Sec #: _____

E-mail Address: _____ Employer/Corporation: _____

Industry/Type of Business: _____ Position/Title: _____ Start Date: _____

Annual Income: $_____ Per Diem: $_____ Other Source(s) of Income: $_____

COMPANY INFORMATION:

Company Name: _____ Company Contact Name: _____

Company Address: _____ Website: _____
Street Suite # City State Zip

Business Phone: (____) _____ Fax Number: (____) _____ Fed Tax ID # _____

PAYMENT OPTIONS: (Check one)

__Company Check __Credit Card (Must complete Credit Authorization) __ Money Order/Cashiers Check

*Checks must be made payable to KSIM

Applicant Signature: _____ ***Date:*** _____

KSIM Representative: _____ ***Date:*** _____

OFFICE USE ONLY

Location: ____ The Metropolitan of Arlington
____ The Metropolitan at Pentagon City
____ The Metropolitan at Pentagon Row

Type: Resident: _____
Corporation: _____
Other: _____

Apartment Address: _____
Occupant(s): _____
Total Monthly Rent: $_____ **Daily Rate:** $_____ **Lease Date:** _____**To** _____

Security Deposit: $_____ **Amenity Fee:** $_____ **Concession:** _____

KSI

EQUAL HOUSING OPPORTUNITY