

Address of Property Intending to Lease: _____

Business Information

Company Name: _____ Year Company was formed: _____

Type of Company: Sole Proprietorship Partnership LLC Corporation with Personal Guaranty

Current Business Address: _____
Number & Street City State Zip

Phone #: (____) _____ Email: _____

Current Landlord: _____ Phone #: (____) _____

Company Checking Account

Bank/Branch: _____ Account #: _____

Address: _____ Phone #: (____) _____

Personal Information/Signor(s) (All Sole Proprietors, Partners of a Partnership and Personal Guarantors of a Corporate Lease are required to complete this section):

(1) Full Legal First Name: _____ Middle Initial: ____ Last Name: _____ Jr. ____ Sr. ____

Relation to Company: _____ Spouse's First Name: _____

Home Address: _____
Number & Street City State Zip

Phone #: (____) _____ Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State of Issuance: _____

Email Address: _____

Have you ever filed for bankruptcy? Yes No

(2) Full Legal First Name: _____ Middle Initial: ____ Last Name: _____ Jr. ____ Sr. ____

Relation to Company: _____ Spouse's First Name: _____

Home Address: _____
Number & Street City State Zip

Phone #: (____) _____ Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State of Issuance: _____

Email Address: _____

Have you ever filed for bankruptcy? Yes No

- ▶ **Attach a copy of Current Financial Statement and Corporate Resolution (if applicable).**
- ▶ **Attach a copy of Valid Photo ID or Present for Inspection in person.**
- ▶ **Trade References to be provided upon request.**

The representations of fact contained in this application are considered part of the lease and are true and correct. If any information contained herein is discovered to be false or misleading, the lease made on the strength of this application may, at the option of the Landlord, be terminated at any time. **ADDITIONALLY, LANDLORD OR HIS AGENT IS HERBY GRANTED PERMISSION TO VERIFY ALL CREDIT, PERSONAL INFORMATION AND/OR OBTAIN ANY CREDIT/BACKGROUND REPORTS DEEMED NECESSARY.**

Signature/Authorization is required from all signors:

Signature (1): _____ **Date:** _____ **Signature (2):** _____ **Date:** _____

Printed Name of Applicant: _____ Printed Name of Applicant: _____

Southwest Commercial: Office 714.434.4831 / Fax 714.434.7301

CONFIDENTIAL

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