



LEASE APPLICATION Please complete, sign and fax to: 310/202-1284

**Business Name:** \_\_\_\_\_ Entity: ☐ Partnership ☐ Sole Proprietorship ☐ Corporation  
**Address:** \_\_\_\_\_ **Tax I.D. #:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_  
**Business Description:** \_\_\_\_\_  
**Date Established:** \_\_\_\_\_ **Date Incorporated:** \_\_\_\_\_ **State of Inc.** \_\_\_\_\_ **# of Employees:** \_\_\_\_\_

**1st. Principal:** \_\_\_\_\_ **Private Office #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Share of Business:** \_\_\_\_\_ **Home #:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Driver License #:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Previous Home Address:** \_\_\_\_\_

**2nd. Principal:** \_\_\_\_\_ **Private Office #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Share of Business:** \_\_\_\_\_ **Home #:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Driver License #:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Previous Home Address:** \_\_\_\_\_

**3rd. Principal:** \_\_\_\_\_ **Private Office #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Share of Business:** \_\_\_\_\_ **Home #:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Driver License #:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Previous Home Address:** \_\_\_\_\_

The representation of fact contained in this application is considered part of the lease and are true and correct. If any information herein contained is discovered to be false or misleading, the lease made on the strength of this application may, at the option of the lessor, be terminated at any time. Additionally, lessor and/or fouquette commercial real estate services is hereby granted permission to verify all credit/personal information and to obtain any credit reports deemed necessary.



CREDIT REFERENCES

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Account # : \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Annual Volume: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Terms: \_\_\_\_\_

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Account # : \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Annual Volume: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Terms: \_\_\_\_\_

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Account # : \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Annual Volume: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Terms: \_\_\_\_\_

NEAREST RELATIVE NOT LIVING WITH YOU

Company: \_\_\_\_\_ Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**BANK REFERENCES**

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_ Account #: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Acct. Type: \_\_\_\_\_ Acct. Type: \_\_\_\_\_  
Address: \_\_\_\_\_ Balance: \_\_\_\_\_ Balance: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Acct. Age: \_\_\_\_\_ Acct. Age: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_ Account #: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Acct. Type: \_\_\_\_\_ Acct. Type: \_\_\_\_\_  
Address: \_\_\_\_\_ Balance: \_\_\_\_\_ Balance: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Acct. Age: \_\_\_\_\_ Acct. Age: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**LANDLORD REFERENCES**

Company: \_\_\_\_\_ Lease Location: \_\_\_\_\_  
Contact: \_\_\_\_\_ Years of Tenancy: \_\_\_\_\_  
Address: \_\_\_\_\_ Monthly Rental: \_\_\_\_\_ NNN/Gross/FSG  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Size of Premises: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Permission to Contact Landlord: \_\_\_\_\_

Company: \_\_\_\_\_ Lease Location: \_\_\_\_\_  
Contact: \_\_\_\_\_ Years of Tenancy: \_\_\_\_\_  
Address: \_\_\_\_\_ Monthly Rental: \_\_\_\_\_ NNN/Gross/FSG  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Size of Premises: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Permission to Contact Landlord: \_\_\_\_\_

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#### CORPORATE LITERATURE

Along with the Lease Application, submit company profile material and product brochures.

#### CORPORATE TAX RETURNS

Two years of Corporate Tax Returns must accompany the Lease Application.

#### PERSONAL TAX RETURNS

Two years of Personal Tax Returns must accompany the Lease Application if an Individual is a part of the Lease.

#### FINANCIAL STATEMENTS

Two years of current year to date Profit & Loss and Balance Sheet Statements must be submitted.

#### FINANCIAL STATEMENTS

Please explain all "yes" answers on a separate sheet.

Are your personal assets held in a living trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 7 years, have you been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had property foreclosed or given title or deed in lieu thereof?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a co-maker or endorser on a note?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a party in a law suit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you obligated to pay alimony, child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any of the down payment of your home borrowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a defendant in an unlawful detainer and/or breach of contract lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you filed Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which chapter? <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 13	
Filing Date: _____	
Discharge Date: _____ If not, why? _____	
Have you compromised a debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a vehicle repossessed?	
If this is a statement of you and your spouse, are any assets your spouse's separate property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What assets are held in Joint Tenancy? _____	
Are any of your assets held in trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**Date of statement:** \_\_\_\_\_

- List all amounts in dollars. Omit cents.
- Please attach a separate sheet if you need more space to complete a detailed schedule.

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Banks (Detail)		Notes Payable (Schedule 7)	
		Accounts Payable	
Accounts Receivable			
		Income Tax Payable	
Notes Receivable (Schedule 1)		Other Taxes Payable	
Securities Owned (Schedule 3)		Loans on Life Insurance (Schedule 4)	
Cash Surrender Value of Life Insur. (Schedule 4)		Mortgages or Liens on Real Estate (Schedule 6)	
Real Estate (Schedule 5)		Installment Contract Payable	
Automobiles		Credit and Charge Cards	
Personal Property		Other Liabilities (Detail)	
IRA Account			
Other Assets (Detail)			
		<b>TOTAL LAIBILITIES</b>	
		<b>NET WORTH</b>	
<b>TOTAL</b>		<b>TOTAL</b>	

ANNUAL INCOME		ANNUAL EXPENDITURES		CONTINGENT LIABILITIES	
Employment Income		Property Taxes/Assess		As Endorser	
		Income and Other Taxe s		As Guarantor	
Dividends		Mtg. Pmts. & Interest		On Damage Claims	
Interest		Other Contract Pmts.		For Taxes	
Rentals (Schedule 5)		Insurance		Other (Detail)	
Alimony, child support or separate maintenance (you need to show this income unless you wish us to consider it)		Living Expense			
Other					
		Alimony, Child Support			
		Other			
				<input type="checkbox"/> Check here if "None"	
<b>TOTAL INCOME</b>		<b>TOTAL EXPENDITURES</b>		<b>TOTAL CONTINGENT LIABILITIES</b>	



**SCHEDULE 1 NOTE RECEIVABLES**

NAME OF DEBTOR	COLLATERAL	MO. PMT.	MATURITY DATE	TOTAL AMOUNT DUE
<b>TOTAL</b>				

**SCHEDULE 2 MORTGAGES AND DEED OF TRUST OWNED**

NAME OF DEBTOR	LIEN POSITION	PROPERTY VALUE	PRIOR LIENS	MO. PMT.	MATURITY DATE	UNPAID BALANCE

**SCHEDULE 3 SECURITIES OWNED**

NO. SHARES OR BONDS AMOUNT	EXCHANGE N=NYSE A=AMEX O=OTC L=UNLISTED	DESCRIPTION	TITLE IN NAME OF	HOW HELD CODE	PRICE PER SHARE	TOTAL MARKET VALUE	PLEDGED? Y=YES N=NO
<b>TOTAL</b>							

**SCHEDULE 4 LIFE INSURANCE**

INSURED	FACE AMOUNT OF POLICY	INSURANCE COMPANY	BENEFICIARY	CASH VALUE	LOANS
<b>TOTAL</b>					



**SCHEDULE 5 REAL ESTATE**

ADDRESS AND TYPE OF PROPERTY	TITLE IN NAME OF	*HOW HELD CODE	COST YEAR ACQUIRED	MONTHLY INCOME	PRESENT MARKET VALUE	TOTAL BALANCE OWED (DETAILED IN SCHED 6)
<b>TOTAL</b>						

**SCHEDULE 6 MORTGAGES AND LIENS ON REAL ESTATE**

PROP. NO.	TO WHOM PAYABLE	INDICATE 1 <sup>ST</sup> OR 2 <sup>ND</sup> MORTGAGE	MO. PMT	INTEREST RATE	MATURITY DATE	BALANCE OWING

**SCHEDULE 7 NOTES PAYABLE**

NAME OF DEBTOR	COLLATERAL	MO. PMT.	MATURITY DATE	TOTAL AMOUNT DUE
<b>TOTAL</b>				

*HOW HELD CODES	COMMUNITY PROPERTY	SEPARATE PROPERTY (Indicates applicable abbreviation)		
	ALWAYS INDICATE "CP"	"SO"=SINGLE OWNERSHIP	"JT"=JOINT TENANTS	"TIC"=TENANTS IN COMMON

The information on the pages of this form is submitted for the purpose of inducing property owner to extend credit and is true, full and correct statement of my/our financial condition as of the date shown. I/we acknowledge and agree that the property owner will rely upon the information provided on this form and that intentionally false, incomplete or incorrect information may constitute fraud. While indebted to you, i/we agree to notify you immediately of any material change on my/our financial condition. In the event that such notification is not given, or if other acts occur that, in your opinion, either do or could adversely affect the property owner's interest, then any and all outstanding obligations may, at your election, become due and payable without demand or notice and may be charged against any and all assets of the undersigned in possession or control of the property owner. I authorize the property owner to make any investigations on my credit, either directly or through a credit reporting agency. I also authorize the property owner to provide credit information arising from this transaction to others as may be reasonably requested.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE (where applicable)	DATE