

ATTN: DOUG WELLS
562-908-6012 FAX 562-699-6763

APPLICATION FOR LEASE: INDUSTRIAL

DATE _____

APPLICATION IS HEREBY MADE FOR LEASE OF THE FOLLOWING DESCRIBED PREMISES:

LOCATION: _____

USE: _____

BY: _____

SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____ STATE OF INC _____

DATE OF INCORPORATION _____ TAX IDENTIFICATION NUMBER _____

NUMBER OF EMPLOYEES _____ NUMBER OF YEARS IN BUSINESS _____

PRESENT LOCATION: _____

PRESENT LANDLORD: _____

ADDRESS: _____

PHONE NUMBER: _____

PRESENT LOCATION SIZE: _____ SQ. FT.

PRESENT LEASE PAYMENT: _____/MO. (INCLUDING ALL CAM, NET CHARGES)

PLEASE PROVIDE THE FOLLOWING COMPANY DOCUMENTS:

- FULL FINANCIAL STATEMENT (INCOME STATEMENT AND BALANCE SHEET)
OR
- COPIES OF PRIOR TWO (2) YEARS OF TAX RETURNS

INFORMATION FOR PERSONAL GUARANTY OF LEASE:

APPLICANTS NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ - _____ - _____ CA DRIVERS LICENSE # _____

TELEPHONE: BUSINESS (____) _____ RESIDENCE(____) _____ FAX (____) _____

RESIDENCE ADDRESS _____

SIGNATURE AUTHORIZES LANDLORD TO CONDUCT A CREDIT CHECK.

SIGNATURE _____

PRINT FULL NAME _____