

TENANT INFORMATION

PLEASE COMPLETE FORM ENTIRELY AND PRINT CLEARLY.

Tenant Name: _____
(First) (Middle) (Last)

Name of Business: _____

Unit Applying For: _____

Proposed Use of the Premises: _____

Type of Company: () Sole Proprietorship () Partnership () Corporation () Limited Liability Co.

State where incorporated: _____

Date Incorporated: _____

REQUIRED INFORMATION: (Please fill entirely, including information on all partners and Corporate Officers. If additional space is required, please attach an additional sheet. Include all addresses for the past five years).

1) Name/Title: _____ Date of Birth: _____

Home Address: _____ Time at this Address: _____

City/State/Zip: _____ Home Phone: _____

Email address: _____ Business Phone: _____

Social Security #: _____ Drivers Lic. #/ State: _____

2) Name/Title: _____ Date of Birth: _____

Home Address: _____ Time at this Address: _____

City/State/Zip: _____ Home Phone: _____

Email address: _____ Business Phone: _____

Social Security #: _____ Drivers Lic. #/ State: _____

IF INCORPORATED, PLEASE LIST REGISTERED AGENT:

Name: _____ Phone #: _____

Address/City/State: _____

CHECKING ACCOUNT: (Please list all additional checking accounts, both personal and Company, on a separate sheet, including all the information requested).

Personal

Business

Bank and Branch: _____

Address: _____

City/State: _____

Phone #: _____

Account #: _____

Present Balance: _____

Date Opened: _____

EMERGENCY CONTACT #1:

Name: _____ Phone #: _____

Home Address: _____

City/State/Zip: _____

Non-refundable charge for credit checks: Corp. \$120, Partnership \$80, Sole Proprietor \$40

Make all checks payable to: "Escondido Enterprises, Inc."

PO Box 1100 Yucaipa, CA 91761 FAX 909-947-9773 or CLALLIER@ESCONDIDOENTERPRISES.COM

EMERGENCY CONTACT #2:

Name: _____ Phone #: _____

Home Address: _____

City/State/Zip: _____

Last Business Address: _____

City: _____ State: _____ Prior Rent Amount: \$ _____

Landlord's Name: _____ Phone#: _____

Landlord's Email: _____ Length of Time at Location: _____

REAL ESTATE – HOME MORTGAGE (If more than one property is owned, please list properties on a separate sheet, including all information requested)

Mortgage Holder: _____

Property Address: _____

Approximate Property Value: _____ Payment: _____

Date Property Purchased: _____

AUTOMOBILES OWNED

Make/Year Model: _____ License #: _____

Loan Amount: _____ Lender: _____ Approx. Value: _____

TRADE REFERENCES

Company	City	Contact Name	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE: (Please note that the lease requires liability insurance be carried in the amount of \$1,000,000 and that the Landlord and the Management Company be named as separate additional insured parties)

Insurance Company: _____

Agent's Name: _____

Does your company have a financial statement for the last year? _____

I hereby authorize the landlords or the management company to obtain a credit report from any of the above listed "credit references". I also authorize landlords or the management company to obtain a consumer credit report on the undersigned and to verify the information disclosed. I understand that this authorization will not create any obligation which I do not already have and will not increase any existing obligation.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HEREBY GRANT PERMISSION TO VERIFY ALL INFORMATION AND TO OBTAIN A CREDIT REPORT(S).

Signature

Date

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