LEASE APPLICATION FOR SOLE PROPRIETORS AND PARTNERSHIPS

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PLEASE TYPE

	DATE
BUSINESS INFORMATION	
NAME OF COMPANY	
TYPE OF COMPANY: CORPORATION WITH PERSONAL GUARANTEE [] SOLE	PROPRIETORSHIP
YEAR COMPANY WAS FORMED	
BUSINESS ADDRESS	CITY/STATE/ZIP CODE PHONE NUMBER
NUMBER & STREET	GITTAINEZE CODE PHONE NOMBEN
COMPANY CHECKING ACCOUNT	
BANK/BRANCH	
ADDRESS/TELEPHONE NUMBER	
CURRENT LANDLORD	
ADDRESS/TELEPHONE NUMBER	
PERSONAL (EMERGENCY) INFORMATION (ALL PARTNERS OF A PARTNERSHIP, SO CORPORATE LEASE ARE REQUIRED TO	
FULL LEGAL FIRST NAME M.I LAST NAM	
RELATIONSHIP TO COMPANY	
HOME ADDRESS	
CITY/STATE/ZIP	
SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE	
PERSONAL CHECKING ACCOUNT: BANK	
ADDRESS	ACCOUNT NUMBER
THEIR ADDRESS	
FULL LEGAL FIRST NAME M.I LAST NAME	ME JR SR
RELATIONSHIP TO COMPANY	
HOME ADDRESS	
CITY/STATE/ZIP	
SOCIAL SECURITY NUMBER	DATE OF BIRTH
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE	DATE OF BIRTH
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE PERSONAL CHECKING ACCOUNT: BANK	DATE OF BIRTH BRANCH
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE PERSONAL CHECKING ACCOUNT: BANK ADDRESS	DATE OF BIRTH BRANCH ACCOUNT NUMBER
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE PERSONAL CHECKING ACCOUNT: BANK ADDRESS NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	DATE OF BIRTH BRANCH ACCOUNT NUMBER RELATIONSHIP
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE PERSONAL CHECKING ACCOUNT: BANK ADDRESS NAME OF NEAREST RELATIVE NOT LIVING WITH YOU THEIR ADDRESS	DATE OF BIRTH BRANCH ACCOUNT NUMBER RELATIONSHIP
SOCIAL SECURITY NUMBER	DATE OF BIRTH BRANCH ACCOUNT NUMBER RELATIONSHIP ME JR SR
SOCIAL SECURITY NUMBER	DATE OF BIRTH BRANCH ACCOUNT NUMBER RELATIONSHIP ME JR SR SPOUSE'S FIRST NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH BRANCH ACCOUNT NUMBER RELATIONSHIP ME SPOUSE'S FIRST NAME PHONE NUMBER ()
SOCIAL SECURITY NUMBER	DATE OF BIRTH BRANCH ACCOUNT NUMBER RELATIONSHIP ME JR SR SPOUSE'S FIRST NAME PHONE NUMBER ()
SOCIAL SECURITY NUMBER	DATE OF BIRTH
SOCIAL SECURITY NUMBER	DATE OF BIRTH
SOCIAL SECURITY NUMBER	DATE OF BIRTH
CITY/STATE/ZIP	DATE OF BIRTH BRANCH ACCOUNT NUMBER RELATIONSHIP ME SPOUSE'S FIRST NAME PHONE NUMBER () DATE OF BIRTH BRANCH BRANCH ACCOUNT NUMBER

PLEASE ATTACH CURRENT FINANCIAL STATEMENT. IF ONE IS NOT ATTACHED, PLEASE STATE WHY: .

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THE REPRESENTATIONS OF FACT CONTAINED IN THIS APPLICATION ARE 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 LANDLORD, BE TERMINATED AT ANY TIME. ADDITIONALLY, TRIQUEST MGMT. IS HEREBY GRANTED PERMISSION TO VERIFY ALL CREDIT/PERSONAL INFORMATION AND TO OBTAIN ANY CREDIT REPORTS THEY DEEM NECESSARY.

SIGNATURE: TYPED NAME OF APPLICANT: SIGNATURE: TYPED NAME OF APPLICANT:

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SIGNATURE: TYPED NAME OF APPLICANT: SIGNATURE: TYPED NAME OF APPLICANT:

FINANCIAL & MOVE-IN REQUIREMENTS

FINANCIAL

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Corporate Leases:

- 1) Two (2) years company tax returns
- 2) Current bank statements (checking, savings, etc.)
- 3) Two (2) years company financial statements (i.e. income statement, balance sheet)
- 4) MacArthur Park Corporate Lease Application
- 5) Personal Guarantor(s)
 - a) Two (2) years personal tax returns
 - b) Current bank statements (personal checking, savings, CD's, etc.)
 - c) Personal financial statement

d) MacArthur Park Sole Proprietors & Partnerships Lease Application (personal information section)

Sole Proprietor or Partnership Leases

I) Two (2) years personal tax returns

2) Current bank statements (personal checking, savings, CD's, etc.)

3) Personal financial statement

4) Two (2) years company financial statements (income statement, balance sheet)

5) MacArthur Park Sole Proprietors & Partnerships Lease Application

INSURANCE

Tenant is required prior to occupancy to maintain in full force and effect at all times during the term of the lease for the protection of Tenant and Landlord not less than one million dollars (\$1,000,000) combined single limit bodily injury and property damage insurance *naming MacArthur Fairview Park, LLC as additional insured*). Please refer to paragraph 20 (c) of the lease for further insurance requirements and details.

MacArthur Fairview Park, LLC TriQuest Management 15375 Barranca Pkwy, Suite K-102 Irvine, CA 92618

MOVE -IN DEPOSIT

Tenant is required prior to occupancy to pay Landlord first months rent and a security deposit which shall be determined upon review of financials.

APPLICANT SIGNATURE AUTHORIZATION

PRIVACY NOTICE:

This notice is to be used by the agency collecting it or its assignees in determining whether or not you qualify as a prospective lessee. It will not be disclosed outside the agency except as required and permitted by law.

PART ONE: GENERAL INFORMATION

1. Applicant(s)

2. Name & Address of Lessor

MacArthur Fairview Park, LLC 15375 Barranca Parkway, Suite K-102 Irvine, CA 92618 Acting Agent: TriQuest Management Co.

PART TWO: APPLICANT AUTHORIZATION

IlWe hereby authorize the Landlord and/or its Agents to order my/our credit report and verify other credit information, including past and present landlord references.

The information the Landlord obtains is only to be used in the processing of my/our lease application.

Applicant	Date
Applicant	Date

Applicant_