Freeway Business Center LLC, Tenant Information Sheet

BUSINESS INFORMATION

FULL LEGAL COMPANY NAME.			
Business License #:	cense #: City:		
DBA: Fed Employer ID#:		Employer ID#:	
Date Fictitious Business Name filed:			
Business Address:			
Telephone:	Fax:		
Years in this Location:	# of Stores:	Where:	
If a Corporation, State of Inc.:	Name and address	of Agent for Service:	
If a Partnership, Names and addresses	of General Partners:		
		Person to contact:	
Nature of Business:			
PLEASE LIST ALL BANK(S): (L	Business & Personal)		
Name of Bank:	Branch:	Telephone #:	
Account Name:	Acct. #:	Personal: [] Business []	
		Other []	
Name of Bank:	Branch:	Telephone #:	
Account Name:	Acct. #:	Personal: [] Business []	
		Other []	
TRADE REFERENCES, BUSIN	ESS (if none, Personal)		
Landlord's Name:		Telephone	
Address:		How long:	
Insurance Agency:		Telephone:	
Address:		Agent:	
Comments:		Personal: [] Business []	
Other reference:		Telephone:	
Address:		Personal: [] Business []	
Comments:			
Other reference:		Telephone:	
Address:		Personal: [] Business []	
Comments:			

PERSONAL INFORMATION First: NAME: Last: ___ Middle: _____ Address: Previous Address (if less than 2 years): Driver's License # and State: Date of Birth (or age): ___ Employer: Telephone: ___ Employer's Address: ___ Occupation: ___ _____ Monthly income: ___ Social Security #: ___ SPOUSE'S INFORMATION NAME: Last: __ First: Middle: Address: ____ Previous Address (if less than 2 years): _____ Date of Birth (or age): Driver's License # and State: Telephone: ___ Employer's Address: Occupation: Monthly income: Social Security #: ____ **HAVE YOU EVER FILED FOR BANKRUPTCY?** State filed: Business: Yes [] No [] When: __ Chapter: ___ State filed: ____ Personal: Yes [] No [] When: __ Chapter: ___ **MORTGAGE HOLDERS:** _____ Account #: ____ Telephone: _____ Personal: __ Contact: Address: __ Telephone: ____ Account #: ____ Business: Contact: IN CASE OF EMERGENCY PLEASE CONTACT: Name: Telephone: Address: ___ 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 LESSOR, BE TERMINATED AT ANY TIME. IN ADDITION, THE LESSOR IS HEREBY GRANTED PERMISSION TO VERIFY ALL CREDIT/PERSONAL INFORMATION AND TO OBTAIN ANY CREDIT REPORTS IT DEEMS **NECESSARY.** PLEASE ATTACH A CURRENT FINANCIAL STATEMENT. IF ONE IS NOT ATTACHED, PLEASE STATE WHY: HOW DID YOU FIND THIS PROPERTY?

41775 Elm Street, Unit 101, Murrieta, CA 92562

Print or Type Name:

Date: ____

Signature: ___

Phone: 951-837-2101 Fax: 951-600-1779

Print or Type Name: _____

Date: ____

Signature: ___