BUSINESS INFORMATION

Account Name: Acct. #: Personal: [] Business [] Other [] Name of Bank: Telephone #: Account Name: Acct. #: Personal: [] Business [] Other [] TRADE REFERENCES, BUSINESS (if none, Personal) Landlord's Name: Telephone Address: How long: Insurance Agency: Telephone: Address: Agent: Comments: Personal: [] Business [] Other reference: Telephone: Address: Personal: [] Business []	FULL LEGAL COMPANY NAME:		
Date Fictitious Business Name filed: Business Address: Telephone: 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: Names and addresses of Limited Partners (if any): If a Limited Liability Company, Names and addresses of Members: If Individuals, names and addresses: Person to contact: Nature of Business: PLEASE LIST ALL BANK(S): (Business & Personal) Name of Bank: Account Name: Acct. #: Personal: Other[] Name of Bank: Branch: Telephone #: Account Name: Acct. #: Personal: Other[] TRADE REFERENCES, BUSINESS (if none, Personal) Landlord's Name: How long: Insurance Agency: Telephone: Address: Personal: I Business [] Comments: Personal: I Business [] Business [] Comments: Personal: I Business [] Dither reference: Telephone: Address: Personal: I Business [] Dither reference: I Telephone: Address: Personal: I Business [] Dither reference: I Telephone: Address: Personal: I Business [] Dither reference: I Telephone: Address: Personal: I Business [] Dither reference: I Telephone: Address: Personal: I Business [] Dither reference: I Telephone: Address: Personal: I Business [] Dither reference: I Telephone: Address: I Personal: I Business [] Dither reference: I Telephone: Address: I Personal: I Business [] Dither reference: I Telephone: Address: I Personal: I Business [] Dither reference: I Telephone: Address: I Personal: I Business [] Dither reference: I Telephone: I Reference: I Telephone: I Reference: I Telephone: I Reference: I Refer	Business License #: City:		r
Business Address: Fax: Fax: Years in this Location: # of Stores: Where:	DBA:	: Fed Employer ID#:	
Fax:	Date Fictitious Business Name filed:		
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: If a Partnership, Names and addresses of General Partners: If a Limited Liability Company, Names and addresses of Members: If a Limited Liability Company, Names and addresses: If Individuals, names and addresses: Person to contact: Years in Business: Person to contact: Nature of Business: Personal! Name of Bank: Branch: Telephone #: Account Name: Acct. #: Personal: [] Business [] Name of Bank: Branch: Telephone #: Account Name: Acct. #: Personal: [] Business [] TRADE REFERENCES, BUSINESS (if none, Personal) Landlord's Name: Telephone: Address: How long: Insurance Agency: Telephone: Address: Agent: Comments: Personal: [] Business [] Other reference: Telephone: Address: Personal: [] Business []	Business Address:		
If a Corporation, State of Inc.:	Telephone:	Fax:	
If a Partnership, Names and addresses of General Partners:	Years in this Location:	# of Stores:	Where:
Names and addresses of Limited Partners (if any):	If a Corporation, State of Inc.:	Name and address	of Agent for Service:
If a Limited Liability Company, Names and addresses of Members: If Individuals, names and addresses:	If a Partnership, Names and addresses of	General Partners:	
If Individuals, names and addresses:	Names and addresses of Limited Partners	s (if any):	
	If a Limited Liability Company, Names and	d addresses of Members:	
Years in Business: Person to contact: Nature of Business: PLEASE LIST ALL BANK(S): (Business & Personal) Name of Bank: Branch: Telephone #: Account Name: Acct. #: Personal: [] Business [] Name of Bank: Branch: Telephone #: Account Name: Acct. #: Personal: [] Business [] TRADE REFERENCES, BUSINESS (if none, Personal) Telephone Landlord's Name: Telephone Address: How long: Insurance Agency: Telephone: Address: Agent: Comments: Personal: [] Business [] Other reference: Telephone: Address: Personal: [] Business [] Comments: Personal: [] Business []			
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Account Name: Acct. #: Personal: [] Business [] Other [] TRADE REFERENCES, BUSINESS (if none, Personal) Landlord's Name: Telephone Address: How long: Insurance Agency: Telephone: Address: Agent: Comments: Personal: [] Business [] Other reference: Telephone: Address: Personal: [] Business []			Other []
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TRADE REFERENCES, BUSINESS (if none, Personal) Landlord's Name:	Account Name:	Acct. #:	Personal: [] Business []
Landlord's Name: Telephone Address: How long: Insurance Agency: Telephone: Address: Agent: Comments: Personal: [] Business [] Other reference: Personal: [] Business [] Comments: Telephone: Address: Personal: [] Business [] Address: Personal: [] Business []			Other []
Address: How long: Insurance Agency: Telephone: Address: Agent: Comments: Personal: [] Business [] Other reference: Personal: [] Business [] Comments: Telephone: Other reference: Telephone: Address: Personal: [] Business []	TRADE REFERENCES, BUSINES	SS (if none, Personal)	
Address: How long: Insurance Agency: Telephone: Address: Agent: Comments: Personal: [] Business [] Other reference: Personal: [] Business [] Comments: Telephone: Other reference: Telephone: Address: Personal: [] Business []	Landlord's Name:		Telephone
Insurance Agency: Telephone: Address: Agent: Comments: Personal: [] Business [] Other reference: Telephone: Address: Personal: [] Business [] Other reference: Telephone: Address: Personal: [] Business []			
Address:			
Comments:	Address:		
Address:			
Comments:	Other reference:		Telephone:
Other reference:	Address:		Personal: [] Business []
Other reference:	Comments:		
			Telephone:
Comments:	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: ___