



Commercial Management Services

Commercial Lease Application
Please fax back to 951-272-9531

Business information

Company Name _____ Phone _____

Address _____ City _____ Zip _____

Your position _____ Years employed by company _____

Applicant is doing business as:

Entity Type: Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____

If none of the above are appropriate please specify _____

Name(s) of Partners or Managing Partner(s) _____

_____ No. of Employees _____

Type of business: _____ How long in business _____

Property / Existing Location

Address of Proposed Property _____ Suite # _____

Amount of sq. feet needed _____ Lease length _____ Rate _____

How long? _____ Monthly rent _____

Present business address _____ How long? _____

Lease length _____ Monthly cost _____ How many feet under lease _____

Are any hazardous waste/dangerous chemicals used to run your business? Yes ___ No ___

If yes, please list items here: _____

Are you currently insured with liability/property insurance? Yes _____ No _____

If yes, what are your limits? _____

Company Financial Information

Business Bank _____ Address _____ Phone _____

Checking account number _____ Avg. monthly balance _____

How long have you banked with this bank? _____

Have you ever defaulted on a loan? _____

Previous banking references _____

Credit Or Trade References

Company _____ Phone # _____

Address _____ Contact person _____

Assets, Stocks/Bonds

1. Name of company(s) _____ # of shares _____

2. _____

Outstanding Loans

Initial Loan Amount _____ Secured by _____ Current Balance _____

Initial Loan Amount _____ Secured by _____ Current Balance _____

Real Estate

Type _____ Value _____ Mortgage Holder _____

Type _____ Value _____ Mortgage Holder _____

Other Assets

Please specify

Personal Information

This information is to be provided by the sole proprietor or each guarantor or principal

Name _____ Phone _____

Home Address _____ City _____ Zip _____

Soc Sec # _____ DL # _____

Work Number _____ Work Fax _____

Work Address _____ How long _____

Personal Financial Information

Personal Bank _____ Address _____

Checking Account Number _____ Average balance _____

Savings Account Number _____ Average balance _____

How long have you banked there? _____ Have you ever defaulted on a loan? Yes ___ No ___

If yes, please explain: _____

Have you, or any of your principals filed for bankruptcy under the Federal Bankruptcy laws?

Yes _____ No _____

If yes, please explain: _____

Does your company currently have any outstanding legal judgements against you?

Yes ___ No ___

If yes, please explain: _____

Under the penalty of the law of fraud in the State of California, I/we hereby warrant that the information as set forth above is true and correct to the best of my knowledge. I/we hereby authorize Cap-Rate Commercial Inc., d.b.a. Brico Commercial Property Management to obtain a current credit report on me/us.

Print Name _____ Date _____

Signature _____ Date _____

Print Name _____ Date _____

Signature _____ Date _____

Print Name _____ Date _____

Signature _____ Date _____

Please include a copy of your Federal tax returns for the past three years or a copy of an audited financial statement.