

PERSONAL INFORMATION

Name: (Last) _____ (First) _____ M.I. _____

E-mail Address: _____

Phone #s: Home _____ Work _____ Cell _____

FAX _____

Present Home address: _____

City, State ZIP: _____ How long? _____

Own or Rent _____

If renting, give Landlord name: _____

Phone #: _____

Former Home Address (If less than 2 years at Present Address): -

Driver license #: _____ State: _____ Date of birth: _____

Social Security #: _____ Marital Status: _____

How did you learn about us? _____

BUSINESS INFORMATION

(If you wish the Lease to be in a business name, list that name here, and attach a copy of the Certificate of Good Standing from the California Secretary of State or a Business License from the State of California.)

Business Name: _____

DBA: _____ Current phone #: _____

Legal Entity: _____ Corporation _____ Partnership _____ Sole Proprietor

OFFICER/PARTNER/OWNER INFORMATION Please give complete information for all officers/partners/owners:

Name: (Last) _____ (First) _____ M.I. _____

E-mail Address: _____

Phone #s: Home _____ Work _____ Cell _____

FAX _____

Present Home address: _____

City, State ZIP: _____

Driver license #: _____ State: _____ Date of birth:

Social Security #: _____ Marital Status: _____

Position: _____ Percent of Equity: _____

Name: (Last) _____ (First) _____ M.I. _____

E-mail Address: _____

Phone #s: Home _____ Work _____ Cell _____

FAX _____

Present Home address: _____

City, State ZIP: _____

Driver license #: _____ State: _____ Date of birth:

Social Security #: _____ Marital Status: _____

Position: _____ Percent of Equity: _____

Name: (Last) _____ (First) _____ M.I. _____

E-mail Address: _____

Phone #s: Home _____ Work _____ Cell _____

FAX _____

Present Home address: _____

City, State ZIP: _____

Driver license #: _____ State: _____ Date of birth:

Social Security #: _____ Marital Status: _____

Position: _____ Percent of Equity: _____

BUSINESS INFORMATION

Federal Tax I.D. No: _____ Date Business Established: _____

Type of Business: _____

Reason for Relocation: _____

No. of Employees: _____

PARENT COMPANY INFORMATION

Name of Parent Company: _____

Address: _____

Contact Person: _____ Phone No. _____ Email _____

BUSINESS ADDRESS (PLEASE GIVE COMPLETE INFORMATION FOR PAST 5 YEARS)

Present Business Address:

City, State ZIP: _____ How long? _____

Lessor: _____ Contact: _____ Phone #: _____

Space Occupied: _____ Monthly Lease Amt: _____ Lease Term: _____

Present Business Address:

City, State ZIP: _____ How long? _____

Lessor: _____ Contact: _____ Phone #: _____

Space Occupied: _____ Monthly Lease Amt: _____ Lease Term: _____

Present Business Address:

City, State ZIP: _____ How long? _____

Lessor: _____ Contact: _____ Phone #: _____

Space Occupied: _____ Monthly Lease Amt: _____ Lease Term: _____

BANKING INFORMATION

Bank name: _____ Phone #: _____

Checking account #: _____

Credit card: VISA MC AMEX DISCOVER #: _____ Expires: _____

EMERGENCY CONTACT INFORMATION

Name:

Street address:

City, State ZIP:

Phone #: _____ Relationship: _____

BUSINESS DECLARATIONS

Has this business, its officers, partners, or owners ever been delinquent in payment of any financial obligation?

_____YES _____NO

If yes, please explain:

Has this business, its officers, partners, or owners ever been a defendant in an unlawful detainer and/or breach of contract?

_____YES _____NO

If yes, explain: _____

Is this business listed in Dunn & Bradstreet?

_____YES _____NO

SUPPLEMENTAL INFORMATION

Please provide the following information with this application:

1. Current Financial Statement (Statement of Assets & Liabilities; Profit & Loss Statement)
2. Last 2 Year's Tax Return

AUTHORIZATION

I/We hereby authorize Orange County Associates, Inc. to verify all information on this application by contacting the sources listed herein or any other sources available. I/We understand that information that does not verify, or cannot be verified, may result in this application not being approved. I/We hereby give permission to perform standard credit checks.

APPLICANT: _____ TITLE: _____

DATE: _____