



COMMERCIAL LEASE APPLICATION

OCCUPANT(S)

Company _____

Address (Main Office) _____
Number Street City State Zip

DBA _____ Sole Prop. Partnership Corp.

Corp. No. _____ Year Established _____

Employer ID# _____ Number of Employees _____

Type of Business _____

Gross Annual Revenue \$ _____

Adjusted Gross Income (as reported on most recent tax return): \$ _____

Contact Person _____ Title _____

Phone # () _____ E-mail _____ Fax # () _____

COMMERCIAL RENTAL HISTORY

Present Address _____
Number Street City State Zip

Rent Own Monthly mortgage/rent: \$ _____ Dates at address (from/to): _____

Reason for leaving: _____

Landlord Name/Mortgage Co.: _____

Phone # () _____ E-mail _____ Fax # () _____

Previous Address _____
Number Street City State Zip

Rent Own Rental/Mortgage Amount Paid Monthly \$ _____

Dates at address (from/to): _____

Reason for leaving: _____

Landlord Name/Mortgage Co.: _____

Phone # () _____ E-mail _____ Fax # () _____

BANKING REFERENCE

Bank Name _____ Contact Person _____ Title _____

Address _____
Number Street City State Zip

Phone # () _____ E-mail _____ Fax # () _____

Account # _____ Checking Savings Current Balance: \$ _____

THE PRINCIPALS

1) _____ Title _____
Last First Middle

Social Security # _____ Date of Birth _____

Address _____
Number Street City State Zip

2) _____ Title _____
Last First Middle

Social Security # _____ Date of Birth _____

Address _____
Number Street City State Zip

3) _____ Title _____
Last First Middle

Social Security # _____ Date of Birth _____

Address _____
Number Street City State Zip

CREDIT REFERENCES

1) Company _____ Contact Person _____ Title _____

Address _____
Number Street City State Zip

Phone # () _____ E-mail _____ Fax # () _____

2) Company _____ Contact Person _____ Title _____

Address _____
Number Street City State Zip

Phone # () _____ E-mail _____ Fax # () _____

AUTHORIZATION

California-West, Inc. or any firm acting on its behalf is hereby granted permission to perform a credit check on our company and/or its principals and to contact any references stated herein as necessary to evaluate and verify our creditworthiness.

1) SIGNATURE: _____ DATE: _____

By _____ TITLE: _____

2) SIGNATURE: _____ DATE: _____

By _____ TITLE: _____

3) SIGNATURE: _____ DATE: _____

By _____ TITLE: _____