

PLEASE PRINT CLEARLY.

Commercial Lease Application

5500 Stewart Avenue Fremont, CA 94538 Tel: 1-800-872-0366 Fax: 1-510-279-9966

OCCUPANT(S) & PR		e information can delay the process		raye i		
Company		Sole Prop Partn	nership Corp.	Other :		
Address (Main Office)						
Number	Street	City	State	Zip		
)	First Name		Title			
Last Name	First Name	Middle Name				
04 05	ined for Domonal Comments	Phone : ()				
ocial Security number is requ						
		Date of Birth				
#200 #200 #200 #200 #200 #200 #200 #200		Year Established				
	Suite: RENTAL HISTORY: If Less Than Two Years, Personal Guarantee for Lease Agreement will be Require					
OMMERCIAL RENT	AL HISTORY: If Less Th	nan Two Years, Personal Guara	antee for Lease Agreen	nent will be Required		
Present AddressNumber	Street	City	State	Zip		
ental/Amount Paid Monthly	Fron	n/To		VI		
eason for Leaving						
andlord Name	Phone: ()					
Previous Address		96.533	W.L.			
Number	Street	City	State	Zip		
ental/Amount Paid Monthly	From	m/To				
eason for Leaving						
andlord Name		Pr	none : ()			
SANKING REFEREN	CE					
ame		Pł	none : ()			
ddressNumber	Street	City	State	Zip		
		(7700 0 7)		1070/501		
account #	Checking	Savings	Balance			
,	• • •	istory found, 3) No rental history	y record, the Applicant r	nust provide Persona		
uarantee for the "Commercia	Sublease Agreement".					
AUTHORIZATION						
		es ABC5500 or any of its represent				
·		g credit information, and said credi	it bureau or other agency	has Applicant's		
	nformation to ABC5500, its repre					
15	177	nission to perform a credit check or ces to release all relevant information	55 .57	principais.		
• •						
Fig. 1 (1990) Audit Shiro Wanda Value Andrew Pradick	DATE					
Print Name:	TITLE					
) SIGNATURE:	DATE					
Print Name:	TITLE					



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Commercial Lease Application Continued

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THE PRINCIPAL-2

2)			Title	
Last	First	Middle		
ocial Security number:		Date of Birth		
ddressNumber	Street	City	State	Zip
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)				
REDIT REFERENCE	CES			
Company			Phone : ()	
ddress				
Number	Street	City	State	Zip
count #		Contact	Person	
Start State (Continue Control				
			Phone : ()	
idressNumber	Street	City	State	Zip
count #		Contact	Person	-0.00000
OR OFFICE USE O	NLY 🏠 Must Be Filled out by ABC	C 5500 Employee.		
			₹ Torm:	
, tippinounit o web cite.			L Tellii.	
Type of business for Applica	nt:		_☆ Number of occupants	11
Credit Score	_ ☆ Applicant's Cell : ()	☆	E-mail	
Move in Date	☆Suite #	Rent & Deposit: \$		
ot Accepted: Reason				
ote:				
∑ Credit & Rental History Re	eference & Verify			
- Credit & Nerital History Re	ioronoc a voiny.			
Δ				
☆ Taken by:		Manager Initial:		