



# Commercial Lease Application

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

Please provide all of the information requested below. Incomplete information can delay the processing of your application.  
PLEASE PRINT CLEARLY.

## OCCUPANT(S)

Company \_\_\_\_\_

Address (Main Office) \_\_\_\_\_  
Number Street City State Zip

DBA \_\_\_\_\_  Sole Prop  Partnership  Corp.  Other : \_\_\_\_\_

Corp. No. \_\_\_\_\_ Year Established \_\_\_\_\_

Employer ID# \_\_\_\_\_ Number of Employees \_\_\_\_\_

Type of Business \_\_\_\_\_

Gross Annual Revenue \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone : (\_\_\_\_\_) \_\_\_\_\_ Fax : (\_\_\_\_\_) \_\_\_\_\_

## COMMERCIAL RENTAL HISTORY (No Less Than Two Years) Personal Guaranty for Lease Contract will be Required

Present Address \_\_\_\_\_  
Number Street City State Zip

Rent \_\_\_\_\_ Own \_\_\_\_\_ Rental/Mortgage Amount Paid Monthly \_\_\_\_\_ From/To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Landlord Name/Mortgage Co. \_\_\_\_\_ Phone : (\_\_\_\_\_) \_\_\_\_\_

Present Address \_\_\_\_\_  
Number Street City State Zip

Rent \_\_\_\_\_ Own \_\_\_\_\_ Rental/Mortgage Amount Paid Monthly \_\_\_\_\_ From/To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Landlord Name/Mortgage Co. \_\_\_\_\_ Phone : (\_\_\_\_\_) \_\_\_\_\_

## BANKING REFERENCE

Name \_\_\_\_\_ Phone : (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Account # \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Balance \_\_\_\_\_

## OTHER INFORMATION

### 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



# Commercial Lease Application Continued

## THE PRINCIPALS - continued

3) \_\_\_\_\_ Title \_\_\_\_\_  
 Last First Middle  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Number Street City State

## CREDIT REFERENCES

1) Company \_\_\_\_\_ Phone : (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Number Street City State Zip  
 Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

2) Company \_\_\_\_\_ Phone : (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Number Street City State Zip  
 Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

3) Company \_\_\_\_\_ Phone : (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Number Street City State Zip  
 Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

## AUTHORIZATION

ABC 5500 or any firm acting on its behalf is hereby granted permission to perform a credit check on our company and/or its principals.

1) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
 By \_\_\_\_\_ TITLE \_\_\_\_\_  
 2) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
 By \_\_\_\_\_ TITLE \_\_\_\_\_  
 3) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
 By \_\_\_\_\_ TITLE \_\_\_\_\_

## FOR OFFICE USE ONLY

NOTE: Advise the applicant to authorize banks, landlords, and credit references to release all relevant information to ABC 5500.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Credit Score \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_ Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_  
 Move in Date \_\_\_\_\_ Unit # \_\_\_\_\_ Unit Type \_\_\_\_\_ Rent \$ \_\_\_\_\_  
 Advise Applicants \_\_\_\_\_  
 Not Accepted: Reason \_\_\_\_\_