

CORPORATE LEASE APPLICATION

060188/TPM

(Please type or print)

DATE _____

NAME OF COMPANY _____

CORPORATE ADDRESS _____
Number and Street City/State/Zip

PHONE() _____ DATE/STATE OF INCORPORATION _____

OFFICERS: 1. PRESIDENT _____ SSN# _____
First Name Middle Last

BIRTHDATE _____

RESIDENCE ADDRESS _____

PERSONAL REFERENCES

NAME _____

ADDRESS _____

TELEPHONE# _____

NAME _____

ADDRESS _____

TELEPHONE# _____

2. VICE-PRESIDENT _____ SSN# _____
First Name Middle Last

BIRTHDATE _____

RESIDENCE ADDRESS _____

3. SECRETARY/TREASURER _____ SSN# _____

TAXPAYER IDENTIFICATION# _____ D & B# _____

TYPE OF ORGANIZATION (circle one) Individual Partnership Company Corporation Franchise

YEARS IN BUSINESS _____ NATURE OF BUSINESS _____

CURRENT LANDLORD _____ YEARS THERE _____

ADDRESS/TELEPHONE _____

CORPORATE ATTORNEY _____

ADDRESS/TELEPHONE _____

COMPANY BANK: NAME _____ BRANCH _____ CONTACT _____

TYPE OF ACCOUNT (circle which apply) Checking Savings Loans TELEPHONE _____

FINANCIAL STATEMENTS (pleased circle) ATTACHED TO FOLLOW UNAVAILABLE

TRADE REFERENCES:

NAME OF COMPANY _____ ACCOUNT# _____

ADDRESS _____ TELEPHONE# _____

NAME OF COMPANY _____ ACCOUNT# _____

ADDRESS _____ TELEPHONE# _____

NAME OF COMPANY _____ ACCOUNT# _____

ADDRESS _____ TELEPHONE# _____

INSURANCE CARRIER OR AGENT _____ TELEPHONE# _____

ADDRESS _____ YEARS WITH _____

The above information as well as any financial statements or resolutions attached hereto is for the purpose of obtaining credit and is warranted to be true and correct. I/we hereby authorize Tri Quest Development Company to whom this application is made, to investigate the references listed above pertaining to my/our credit and financial responsibility.

PRINT NAME _____ SIGNATURE _____

TITLE _____

PRINT NAME _____ SIGNATURE _____

TITLE _____

APPLICANT SIGNATURE AUTHORIZATION

PRIVACY NOTICE:

This notice is to be used by the agency collecting it or its assignees in determining whether or not you qualify as a prospective lessee. It will not be disclosed outside the agency except as required and permitted by law.

PART ONE: GENERAL INFORMATION

1. Applicant(s)

2. Name & Address of Lessor

Parkway Financial
15375 Barranca Parkway, Suite K-102
Irvine, CA 92618
Acting Agent: TriQuest Management Co.

PART TWO: APPLICANT AUTHORIZATION

I/We hereby authorize the Landlord and/or its Agents to order my/our credit report and verify other credit information, including past and present landlord references.

The information the Landlord obtains is only to be used in the processing of my/our lease application.

Applicant _____

Date _____

Applicant _____

Date _____