

# TENANT INFORMATION

## -Application to Lease Property



**MARTIN  
COMMERCIAL  
GROUP**  
Commercial Real Estate Services

ORANGE COUNTY OFFICE  
PHONE 714-241-1141 FAX 714-241-0847

INLAND EMPIRE OFFICE  
PHONE 951-684-1251 FAX 951-684-9041

1495 E. Warner Avenue, Santa Ana, CA 92705

3363 Chicago Avenue, Riverside, CA 92507

### APPLICANT'S INFORMATION

APPLICANT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ S.S. NO.: \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ DEPENDENTS (No.): \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ S.S. NO.: \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ RENT \_\_\_\_\_ OWN \_\_\_\_\_ FOR HOW LONG? \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME NO.: \_\_\_\_\_ CELL NO.: \_\_\_\_\_ FAX NO: \_\_\_\_\_ AT RESIDENCE OR BUSINESS (circle)

PREVIOUS ADDRESS: \_\_\_\_\_ FOR HOW LONG? \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

RESIDENTIAL LANDLORD NAME: \_\_\_\_\_ LANDLORD PHONE NO. \_\_\_\_\_

ARE YOU PRESENTLY ACTIVE IN THE MILITARY? \_\_\_\_\_ WHAT BRANCH? \_\_\_\_\_

ADDRESS OF THE PROPERTY YOU ARE APPLYING FOR: \_\_\_\_\_

### CREDIT AUTHORIZATION

I hereby authorize the release of any information required to complete the processing of the lease requested. I authorize MARTIN COMMERCIAL GROUP to obtain credit reports pursuant to this application at any time and at Landlord's expense as well as verifying any other information on the application.

Authorization is further granted to MARTIN COMMERCIAL GROUP to use a photo static copy of my signature below, to obtain the aforementioned information.

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### COMPANY INFORMATION

COMPANY NAME: \_\_\_\_\_ TAX ID NO.: \_\_\_\_\_

YEAR ESTABLISHED: \_\_\_\_\_ IND \_\_\_\_\_ PART \_\_\_\_\_ CORP \_\_\_\_\_ \* \*If the Company is a Corporation, what is the State of Jurisdiction? \_\_\_\_\_

OWNER or CORP. OFFICER'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

OWNER or CORP. OFFICER'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRESENT BUSINESS ADDRESS: \_\_\_\_\_ HOW LONG AT THIS ADDRESS? \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE NO.: \_\_\_\_\_ COMPANY WEBSITE: \_\_\_\_\_

WILL YOU BE KEEPING YOUR CURRENT BUSINESS ADDRESS OR RELOCATING TO THE PROPOSED LOCATION? (Circle One) KEEPING RELOCATING

PRESENT LANDLORD: \_\_\_\_\_ LANDLORD PHONE NO.: \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT LANDLORD? \_\_\_\_\_ CURRENT SQUARE FOOTAGE: \_\_\_\_\_ CURRENT RENT: \$ \_\_\_\_\_

COMPLETE DESCRIPTION OF BUSINESS: *(Be Specific)* \_\_\_\_\_

INSURANCE AGENT: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### REFERENCES

Suppliers	NAME	PHONE	TYPE ACCT.	YEARS	HIGH BAL.	PAYMENT RECORD

  

Bank	ACCOUNT IN NAME OF/ ACCOUNT NO.	BRANCH	TYPE ACCT.	DATE OPENED	HIGH	CONTACT W/PHONE NO. IF AVAIL.