



# LOUIE PROPERTIES

5936 Temple City Blvd., Temple City, CA 91780 PH: (626) 291-5555 ♦ Fax: (626) 291-5580

## Commercial Lease Application

**Date Submitted:** \_\_\_\_\_  
**Property Address:** \_\_\_\_\_  
**Applicant Name:** \_\_\_\_\_

### Tenant Information

Company / DBA: \_\_\_\_\_

Names of Persons who will sign lease Person 1: \_\_\_\_\_

Person 2: \_\_\_\_\_

Type of Business: Sole Proprietor Partnership Corporation

Corporation Number: \_\_\_\_\_ # of Years in Business \_\_\_\_\_

Employer ID Number: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Commercial Rental History

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

Rental Owned Rental/Mortgage Monthly Payment: \_\_\_\_\_ From/To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Landlord/Mortgage Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Miscellaneous Information

Are you a co-maker, endorser or guarantor on any other loan or contract? Yes No

If Yes, for Whom? \_\_\_\_\_ To Whom? \ \_\_\_\_\_

Are there any unsatisfied judgments against you? Yes No Amount \_\_\_\_\_

If Yes, to Whom owed? \_\_\_\_\_

Have you been declared bankrupt in the last 10 years? Yes No

If Yes, Where? \_\_\_\_\_ Year? \_\_\_\_\_

Has Lessee ever been more than one (1) month in default or breached a lease or been evicted within the past five (5) years? Yes No

If Yes, please explain: \_\_\_\_\_

### Proposed Lease Details

**Lease Commencement Date:** \_\_\_\_\_

**Proposed Use:** \_\_\_\_\_

**Base Rent:** \_\_\_\_\_ **Term (Length of Term):** \_\_\_\_\_

**NNN:** \_\_\_\_\_ **Option:** \_\_\_\_\_

**Security Deposit:** \_\_\_\_\_ **Free Rent (If Applicable):** \_\_\_\_\_

**Other:** \_\_\_\_\_  
\_\_\_\_\_

**Principles**

1) Name \_\_\_\_\_ Title \_\_\_\_\_  
                     Last            First            Middle

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
                     Street    City    State    Zip

2) Name \_\_\_\_\_ Title \_\_\_\_\_  
                     Last            First            Middle

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
                     Street    City    State    Zip

**Banking Reference:**

Name: \_\_\_\_\_ Phone # (     ) \_\_\_\_\_  
 Business Address: \_\_\_\_\_

Account # \_\_\_\_\_ Street    City    State    Zip  
                                     Checking    Savings    Balance

**Financial Statement of : \_\_\_\_\_ as of \_\_\_\_\_ .**

	Name/Business	Date	
Total Income	(A) \$		
Total Expenses	(B) \$		
NET INCOME (Subtract "B" from "A")	\$		
Total Assets	(C) \$		(Cash, Securities, Accts, Loans, Notes, Stocks/Bonds, Autos, Real Estate, Ownership Interest in Business)
Total Liabilities	(D) \$		(Notes payables, rents, interest, taxes due, Liens, Notes payable on Autos)
NET WORTH (Subtract "D" from "C")	\$		

**Credit References**

1) Company: \_\_\_\_\_ Phone # (     ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
                     Street    City    State    Zip

Account # \_\_\_\_\_ Contact Person: \_\_\_\_\_

2) Company: \_\_\_\_\_ Phone # (     ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
                     Street    City    State    Zip

Account # \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Authorization**

Louie Properties, Inc. is hereby granted permission to perform a credit check on our company and/ or its principals. Credit check cost is \$30 per report, payable by Check, Cash, or Money Order and is due before any processing begins.

**EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT YOU WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. YOU ARE AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME.**

1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_ Title: \_\_\_\_\_

2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_ Title: \_\_\_\_\_