

## CREDIT AND BACKGROUND INFORMATION AIR COMMERCIAL REAL ESTATE ASSOCIATION

BUSINESS INFORMATION					
FULL LEGAL COMPANY NAME:					
Business License #:					
DBA:	BA: Fed Employ. ID#:				
Date Fictitious Bus. Name filed:					
Bus. Address:					
Tel#:					
Years in this Location: # of Stores	Where:				
If a Corporation, State of Inc.: Name and Address	s of Agent for Service:				
If a Partnership, Name and Address of General Partners:					
Name and Address of Limited Partners (if any):					
If a Limited Liability Company, Name and Address of Membe	ers:				
If Individuals, Name and Address:					
Years in Bus.: Person to contact					
Nature of Bus:					
PLEASE LIST ALL BANK(S): (Business & Personal)					
Name of Bank:	Branch:	Tel#:			
Account Name:	Account #:	Personal: 🗌 Bus. 🗌			
Manage of Books	Duranaha	T-14.			
Name of Bank:					
Account Name:	Account #:	Personal: [] Bus. []			
TRADE REFERENCES, BUSINESS (if none, Personal)					
Current Landlord's Name:		Tel#:			
Address:					
Insurance Agency:					
Address:					
Other reference:		Tel#:			
Address:					
Comments:					
Other reference:		Tel#:			
Address:			_		
Comments:					
			_		

PAGE 1 OF 3

SPOUSE'S INFORMATION	PERSONAL INFORMATION		
Address:	Name: Last:	First:	Middle:
Previous Address (if less than 2 years):  Driver's Lic. (# and state):  Employer:  Tel #  Employer's Address:  Cocupation:  Monthly Income:  SPOUSE'S INFORMATION  Name: Last:  SPOUSE'S INFORMATION  Name: Last:  Previous Address (if less than 2 years):  Date of Birth:  Employer's Address (if less than 2 years):  Date of Birth:  Employer's Address (if less than 2 years):  Date of Birth:  Employer's Address:  Cocupation:  Nonthly Income:  HAVE YOU EVER FILED FOR BANKRUPTCY?  Business: Yes   No   When:   State filed: Chpt:    Personal: Yes   No   When:   State filed: Chpt:    What Islony:  MORTGAGE HOLDER:  Personal:   Acct#:   Tel#:    Address:   Contact:    MORTGAGE HOLDER:  Business:   Acct#:   Tel#:    Address:   Contact:    MORTGAGE HOLDER:  PLEASE ATTACH A CURRENT FINANCIAL STATEMENT AND COPIES OF FEDERAL TAX RETURNS FOR THE LAST 3 YEARS FOR EITHER THE BUSINESS OR YOURSELF (whichever is going to be shown as 'Lessee' in the lease).  IN CASE OF EMERGENCY PLEASE CONTACT:  Name:   Tel#:			
Date of Birth:	Previous Address (if less than 2 years):		
Employer's Address:    Cocupation:	Date of Birth:	Driver's Lic. (# and state	e):
Employer's Address:			
Social Security #:   Social Security #:   Monthly Income:     Social Security #:			
SPOUSE'S INFORMATION	Occupation:	Social Security #:	
Name: Last:	Monthly Income:		
Address:  Previous Address (if less than 2 years):  Date of Birth:  Employer:  Employer's Address:  Cocupation:  Monthly Income:  HAVE YOU EVER FILED FOR BANKRUPTCY?  Business: Yes   No   , When:   State filled: Chpt:    Personal: Yes   No   , When:   State filled: Chpt:    HAVE YOU EVER BEEN CONVICTED OF A FELONY? If so, when:    What felony:  MORTGAGE HOLDER:  Personal:  MORTGAGE HOLDER:  Business:   Acct#:   Tel#:    Address:   Contact:    MORTGAGE HOLDER:  Business:   Acct#:   Tel#:    Address:   Contact:    MORTGAGE HOLDER:  Business:   Contact:    MORTGAGE HOLDER:  Business:   Contact:    MORTGAGE HOLDER:  Business:   Tel#:    Address:   Tel#:    MORTGAGE OF EMERGENCY PLEASE CONTACT:    Name:   Tel#:    Address:   Tel#:    Address	SPOUSE'S INFORMATION		
Previous Address (if less than 2 years):  Driver's Lic. (# and state):  Employer's Address:  Cocupation:  Monthly Income:  HAVE YOU EVER FILED FOR BANKRUPTCY?  Business: Yes   No   , When:   State filed:   Chpt:   Personal: Yes   No   , When:   State filed:   Chpt:   What felony:  What felony:  MORTGAGE HOLDER:  Business:   Acct#:   Tel#:   Address:   Contact:    MORTGAGE HOLDER:  Business:   Acct#:   Tel#:   Address:   Tel#:    MORTGAGE HOLDER:   Tel#:   Tel#:    MORTGAGE HOLDER:   Tel#:    MORTGAGE HOLDER:   Tel#:   Tel#:    MORTGAGE HOLDER:   Tel#:   Tel#:   Tel#:    MORTGAGE HOLDER:   Tel#:   Tel#	Name: Last:	First:	Middle:
Previous Address (if less than 2 years):  Driver's Lic. (# and state):  Employer's Address:  Cocupation:  Monthly Income:  HAVE YOU EVER FILED FOR BANKRUPTCY?  Business: Yes   No   , When:   State filed:   Chpt:   Personal: Yes   No   , When:   State filed:   Chpt:   What felony:  What felony:  MORTGAGE HOLDER:  Business:   Acct#:   Tel#:   Address:   Contact:    MORTGAGE HOLDER:  Business:   Acct#:   Tel#:   Address:   Tel#:    MORTGAGE HOLDER:   Tel#:   Tel#:    MORTGAGE HOLDER:   Tel#:    MORTGAGE HOLDER:   Tel#:   Tel#:    MORTGAGE HOLDER:   Tel#:   Tel#:   Tel#:    MORTGAGE HOLDER:   Tel#:   Tel#	Address:		
Date of Birth:	Previous Address (if less than 2 years):		
Employer's Address:  Cocupation:  Monthly Income:  HAVE YOU EVER FILED FOR BANKRUPTCY?  Business: Yes No , When:  Personal: Yes No , When:  What felony:  MORTGAGE HOLDER:  Business:  Acct#:  Contact:  MORTGAGE HOLDER:  Business:  Acct#:  Tel#:  Address:  Contact:  MORTGAGE HOLDER:  Business:  Acct#:  Tel#:  Address:  Tel#:  Address:  Tel#:  Address:  Tel#:  Address:  Tel#:  Address:  Tel#:  Address:  Tel#:  MORTGAGE HOLDER:  Business:  Tel#:  Address:  Tel#:  MORTGAGE HOLDER:  Business:  Tel#:  MORTGAGE HOLDER:  What is the size of the facility/office that this new space will replace?  What is the monthly rent for the space that is being replaced?			e):
Employer's Address:			
Social Security #:   Monthly Income:     Monthly Income:     Monthly Income:			
Monthly Income:	Occupation:	Social Security #:	
Business: Yes	Monthly Income:		
Personal: Yes No , When: State filed: Chpt:  HAVE YOU EVER BEEN CONVICTED OF A FELONY? If so, when:  What felony:	HAVE YOU EVER FILED FOR BANKRUPTCY?		
Personal: Yes No , When: State filed: Chpt:  HAVE YOU EVER BEEN CONVICTED OF A FELONY? If so, when:  What felony:	Business: Yes  No , When:	State filed: Chpt:	
What felony:	Personal: Yes  No , When:	State filed: Chpt:	
What felony:			
MORTGAGE HOLDER:  Personal:			
Personal:	What felony:		
Address:	MORTGAGE HOLDER:		
MORTGAGE HOLDER:  Business: Acct#: Tel#:	Personal:	Acct#:	Tel#:
Business:	Address:		
Address: Contact:	MORTGAGE HOLDER:		
Address: Contact:	Business:	Acct#:	Tel#:
THE BUSINESS OR YOURSELF (whichever is going to be shown as 'Lessee' in the lease).  IN CASE OF EMERGENCY PLEASE CONTACT:  Name:			
THE BUSINESS OR YOURSELF (whichever is going to be shown as 'Lessee' in the lease).  IN CASE OF EMERGENCY PLEASE CONTACT:  Name:	DI EASE ATTACH A CUIDDENT EINANCIAL STATEMENT	AND CODIES OF FEDERAL TAY	DETIIDNS FOR THE LAST 2 VEADS FOR EITHER
IN CASE OF EMERGENCY PLEASE CONTACT:  Name:			RETURNS FOR THE LAST S TEARS FOR EITHER
Name:	THE BOOMEOU ON TOURISE (WINCHEVEL 13 going to be	snown as Lessee in the lease).	
Address:	IN CASE OF EMERGENCY PLEASE CONTACT:		
Address:			Tel#:
What is the size of the facility/office that this new space will replace? What is the monthly rent for the space that is being replaced?	Address:		
	INFORMATION CONCERNING EXISTING LOCATION:		
	What is the size of the facility/office that this new space will rep	olace? What is	the monthly rent for the space that is being replaced?

PAGE 2 OF 3

I HEREBY GIVE PERMISSION FOR THE INDIVIDUALS AND BUSINESS LISTED ABOVE AS REFERENCES TO PROVIDE FINANCIAL AND CREDIT INFORMATION TO MY PROSPECTIVE LESSOR, HIS MANAGER AND/OR HIS BROKER. I ALSO HEREBY AUTHORIZE THE OWNER AND HIS/HER REPRESENTATIVES TO PERFORM A CREDIT CHECK ON MYSELF AND/OR MY COMPANY.

THE REPRESENTATIONS OF FACT CONTAINED IN THIS APPLICATION ARE CONSIDERED PART OF THE LEASE AND ARE TRUE AND CORRECT. IF ANY INFORMATION HEREIN CONTAINED IS DISCOVERED TO BE FALSE OR MISLEADING, THE LEASE MADE ON THE STRENGTH OF THIS APPLICATION MAY, AT THE OPTION OF THE LESSOR, BE TERMINATED AT ANY TIME. IN ADDITION, THE LESSOR IS HEREBY GRANTED PERMISSION TO VERIFY ALL CREDIT/PERSONAL INFORMATION AND TO OBTAIN ANY CREDIT REPORTS IT DEEMS NECESSARY.

By Lessee:	
Executed at:	
On:	
By:	
Name Printed:	
Title:	
Ву:	
Name Printed:	
Title:	
Address:	
Telephone:	
Facsimile:	
Federal ID No.	

NOTICE: These forms are often modified to meet changing requirements of law and industry needs. Always write or call to make sure you are utilizing the most current form: AIR Commercial Real Estate Association, 500 N Brand Blvd, Suite 900, Glendale, CA 91203.

Telephone No. (213) 687-8777. Fax No.: (213) 687-8616.

PAGE 3 OF 3