

Office Use Only

Date: _____

Property Address: _____

Notes: _____

APPLICATION FOR LEASE

MAIL HARD COPY BACK TO:

Mike Hooker, Sr VP

Delphi Business Properties, Inc.

7100 HAYVENHURST AVE, SUITE 211

VAN NUYS, CA 91406

SEND BACK TO: MIKE HOOKER WHEN COMPLETE: (818) 780-8152 FAX or Mike@Go2Delphi.com

PART I: Lessee Information (Please type or print clearly.)

A. Business Name _____

DBA _____ Business Phone (____) _____ Business Fax (____) _____

Cell Phone (____) _____ for _____

Cell Phone (____) _____ for _____

Web Site _____ E-Mail _____

B. Legal Entity: () Individual/Sole Proprietor () Corporation () Partnership-General or Limited () L L C

PART II: Officer/Partner/Owner Information

Full Name (First)	Mi	Last	Position
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Social Security Number	Driver's License #	Date of Birth	Home Phone
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Home Address	Apt/Suite	City	State	Zip	Own or Rent?
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Full Name (First)	Mi	Last	Position
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Social Security Number	Driver's License #	Date of Birth	Home Phone
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Home Address	Apt/Suite	City	State	Zip	Own or Rent?
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A. State Incorporated _____ B. Date Business Established _____ C. # Of Employees _____

D. Federal Tax I.D.# _____ E. Is Corporation publicly or privately held? _____

F. Nature of Business and exact proposed use of Premises _____

G. Who is authorized (Position) to execute this Lease? Note: Corporation requires two (2) Officers

(1) _____ (2) _____

PART III: Parent Company

Name and address of parent company (if different) _____ Phone _____

PART IV: Business Address

Current Address	Street	City	State	Zip
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Landlord Name _____ Contact Name (if different) _____

Landlord Phone _____ Length of Occupancy _____

Square Footage Occupied _____ Monthly Lease Amount _____ Okay to Contact Owner? _____

Reason For Moving _____

PART V: Major Creditor and/or Trade References

A. Business/Personal Credit Accounts

Name _____ Phone (____) _____ Contact _____

Address _____
Street _____ City _____ State _____ Zip _____

Name _____ Phone (____) _____ Contact _____

Address _____
Street _____ City _____ State _____ Zip _____

B. Business/Personal Bank Accounts

Bank Name _____ Phone _____ Contact _____

Address _____ Acct # _____

Bank Name _____ Phone _____ Contact _____

Address _____ Acct # _____

PART VI: Business Declarations

A. Has this business, its officers, partners, managers or owners ever been delinquent in payment of any financial obligations and/or rent, or been involved in a bankruptcy proceeding? (If yes, please explain)

B. Has this business, its officers, partners, or owners ever been a defendant in an unlawful detainer and/or breach of contract lawsuit? (If yes, please explain)

The undersigned applicant hereby declares that he/she is authorized to make the representations of fact contained in the foregoing application and that the representations of fact contained in the foregoing application are true and correct. Applicant understands that Lessor is relying on the truth of facts contained in the application in determining whether to enter into a Lease with Applicant. If any information herein is false, Applicant will be liable to Lessor for all damages arising therefrom. The Lease made on the strength of this application may, at the option of Lessor, be terminated at any time, if Lessor learns that any information herein contained is false.

Applicant authorizes Delphi Business Properties or Landlord or other listing agent to verify the above statements, including, but not limited to the use of credit information agencies. A credit check may be run upon submission of this application or periodic credit checks, without further approval by applicant.

Applicant _____ **Title** _____ **Date** _____

Applicant _____ **Title** _____ **Date** _____

Applicant has voluntarily furnished this information. Delphi Business Properties has made no attempt to verify this information or the accuracy thereof, and makes no representation thereto. This information was compiled as a convenience for the use of the Lessor/Owner.

COPY OF DRIVER'S LICENSE(S) – REQUIRED. Please set copier to lighter image so picture will come out clear.

