

# CREDIT APPLICATION

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MARTIN  
COMMERCIAL  
GROUP

ADDRESS OF THE PROPERTY YOU'RE APPLYING FOR:

## APPLICANT'S INFORMATION

APPLICANT'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ S.S. NO.: \_\_\_\_\_  
DRIVER'S LICENSE NO. \_\_\_\_\_  
DL EXP. DATE: \_\_\_\_\_ DRIVER'S LICENSE STATE \_\_\_\_\_  
HOME NO.: \_\_\_\_\_ CELL NO.: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
RENT \_\_\_\_\_ OWN \_\_\_\_\_ FOR HOW LONG? \_\_\_\_\_  
\* *RENTING YOUR CURRENT RESIDENCE? (Please fill out this section)*  
RESIDENTIAL LANDLORD NAME: \_\_\_\_\_  
LANDLORD PHONE NO. \_\_\_\_\_  
**PREVIOUS ADDRESS INFORMATION:**  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**SPOUSE:** *Please use separate application for non-married co-applicants*  
SPOUSE'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ S.S. NO.: \_\_\_\_\_  
DRIVER'S LICENSE NO. \_\_\_\_\_ DL EXP. \_\_\_\_\_ STATE \_\_\_\_\_  
SPOUSE CELL NO.: \_\_\_\_\_ NO. OF DEPENDENTS: \_\_\_\_\_  
SPOUSE EMAIL ADDRESS: \_\_\_\_\_  
**APPLICANT'S EMPLOYMENT INFORMATION:**  
*CURRENT EMPLOYMENT: (Please fill out this section, if you have other employment)*  
EMPLOYER (COMPANY NAME): \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
PHONE NO.: \_\_\_\_\_ EMPLOYED SINCE: \_\_\_\_\_  
\* **CURRENT ANNUAL INCOME:** \_\_\_\_\_  
**MILITARY:** *(Please fill out this section)*  
WHAT BRANCH? \_\_\_\_\_  
ACTIVE/POSSIBLE DEPLOYMENT? \_\_\_\_\_

## CREDIT AUTHORIZATION

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

Authorization is further granted to MARTIN COMMERCIAL GROUP, INC. 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.: \_\_\_\_\_  
IND \_\_\_\_\_ PART \_\_\_\_\_ CORP \_\_\_\_\_ \* STATE OF JURISDICTION \_\_\_\_\_ YEAR ESTABLISHED: \_\_\_\_\_ STATE APPROVAL PENDING: Y / N  
OWNER or CORP. OFFICER'S NAME: \_\_\_\_\_ LEGAL TITLE: \_\_\_\_\_  
OWNER or CORP. OFFICER'S NAME: \_\_\_\_\_ LEGAL TITLE: \_\_\_\_\_  
PRESENT BUSINESS ADDRESS: \_\_\_\_\_ HOW LONG AT THIS ADDRESS? \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ BUS. PHONE NO.: \_\_\_\_\_ FAX.: \_\_\_\_\_  
COMPANY WEBSITE: \_\_\_\_\_ KEEPING THIS LOCATION \_\_\_\_\_ RELOCATING (IF APPROVED) \_\_\_\_\_  
BUSINESS LANDLORD CONTACT: \_\_\_\_\_ LANDLORD PHONE NO.: \_\_\_\_\_ MAY WE CONTACT? Y / N  
COMPLETE DESCRIPTION OF BUSINESS: *(Be Specific)* \_\_\_\_\_

If you have a current insurance policy, please complete this section. If you do not, you will be required to obtain a General Liability Insurance Policy upon approval.

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

## REFERENCES

### SUPPLIERS:

NAME	PHONE	TYPE OF ACCOUNT COD / REVOLVING CREDIT	PAYMENT RECORD

### BANK:

NAME	PHONE	DATE OPENED	CURRENT BALANCE