

CREDIT APPLICATION

ORANGE COUNTY

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MARTIN
COMMERCIAL
GROUP

Commercial Real Estate Services

Corporate Office: 1495 E. Warner Avenue, Santa Ana, CA 92705

Address You Are Applying For:

Office Use: Unit #

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: _____

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: _____

IND _____ PART _____ CORP _____ * STATE OF JURISDICTION _____

OWNER or CORP. OFFICER'S NAME: _____

OWNER or CORP. OFFICER'S NAME: _____

PRESENT BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COMPANY WEBSITE: _____

BUSINESS LANDLORD CONTACT: _____

COMPLETE DESCRIPTION OF BUSINESS: *(Be Specific)* _____

TAX ID NO.: _____

YEAR ESTABLISHED: _____ STATE APPROVAL PENDING: Y / N

LEGAL TITLE: _____

LEGAL TITLE: _____

HOW LONG AT THIS ADDRESS? _____

BUS. PHONE NO.: _____ FAX.: _____

KEEPING THIS LOCATION _____ RELOCATING (IF APPROVED) _____

LANDLORD PHONE NO.: _____ MAY WE CONTACT? Y / N

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