

CREDIT APPLICATION



**MARTIN
COMMERCIAL
GROUP**
Commercial Real Estate Services

ORANGE COUNTY

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Corporate Office: 1495 E. Warner Avenue, Santa Ana, CA 92705 / DRE#01899258

| 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: _____

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

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 |
|------|-------|-------------|-----------------|
| | | | |