

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

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