



216 N. Glendora Ave., Suite 200 ~ Glendora, CA 91741
626-914-2755, fax 626-852-1031

Please **clearly print** all of the information requested. Incomplete information can delay processing.

Proposed Rental Location: _____

BUSINESS INFORMATION

Full Legal Business Name: _____
Operating Business Name: _____
Current/Main Office Location: _____
_____ Phone: _____
Type of Business: _____ Year Est: _____ No. of Employees: _____
Is the business moving or expanding? _____ Total no. of locations: _____
If expanding, should correspondence be sent to main office (above address)? Yes No
Is the business a: Sole Proprietorship Partnership LLC Corporation # _____
Employer ID#: _____ Gross Annual Revenue: _____

PRINCIPLES

1) Full Name: _____ Title: _____
SS# _____ DOB: _____ DL #: _____
Home Address: _____
_____ Home Phone: _____
Cell Phone: _____ Email: _____
Are you personally guarantying the Lease? Yes No
2) Full Name: _____ Title: _____
SS# _____ DOB: _____ DL #: _____
Home Address: _____
_____ Home Phone: _____
Cell Phone: _____ Email: _____
Are you personally guarantying the Lease? Yes No

BUSINESS RENTAL HISTORY (no less than two years)

Present Address: _____
 Rent Own; Monthly Payment: _____ Dates at this location: _____
Landlord/Management Co.: _____ Phone: _____
Reason for leaving: _____
Previous Address: _____
 Rent Own; Monthly Payment: _____ Dates at this location: _____
Landlord/Management Co.: _____ Phone: _____
Reason for leaving: _____

BANKING/CREDIT INFORMATION

Bank:	_____	City:	_____	Phone:	_____
Checking Acct #:	_____	Balance:	_____		
Savings Acct #:	_____	Balance:	_____		
1) Creditor:	_____	Acct #:	_____	Balance:	_____
2) Creditor:	_____	Acct #:	_____	Balance:	_____
3) Creditor:	_____	Acct #:	_____	Balance:	_____

REFERENCES

1) Name:	_____	Phone:	_____
Relation:	_____		
2) Name:	_____	Phone:	_____
Relation:	_____		
3) Name:	_____	Phone:	_____
Relation:	_____		

AUTHORIZATION

By signing this application you are confirming that disclosed herein is true, complete and accurate to the best of your knowledge. Furthermore, you understand this information is material to MCRE, Inc.'s decision with respect to granting or denying your application to enter into a lease. Your signature grants MCRE, Inc. permission to perform a credit check on your company and/or its principles.

1) Name:	_____	Title:	_____
Signature:	_____	Date:	_____
2) Name:	_____	Title:	_____
Signature:	_____	Date:	_____

FOR OFFICE USE ONLY

