



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**

