LEASE APPLICATION FOR
SOLE PROPRIETORS AND PARTNERSHIPS

PLEASE TYPE

DATE _____

BUSINESS INFORMATION

NAME OF COMPANY _____

TYPE OF COMPANY: CORPORATION WITH PERSONAL GUARANTEE ☐   SOLE PROPRIETORSHIP ☐   PARTNERSHIP ☐

YEAR COMPANY WAS FORMED _____

BUSINESS ADDRESS _____ (_____) _____

NUMBER & STREET   CITY/STATE/ZIP CODE   PHONE NUMBER

COMPANY CHECKING ACCOUNT

BANK/BRANCH _____ ACCOUNT NUMBER _____

ADDRESS/TELEPHONE NUMBER _____

CURRENT LANDLORD _____

ADDRESS/TELEPHONE NUMBER _____

PERSONAL (EMERGENCY) INFORMATION (ALL PARTNERS OF A PARTNERSHIP, SOLE PROPRIETORS, AND PERSONAL GUARANTORS OF A CORPORATE LEASE ARE REQUIRED TO COMPLETE THIS SECTION.)

FULL LEGAL FIRST NAME _____ M.I. _____ LAST NAME _____ JR. _____ SR. _____

RELATIONSHIP TO COMPANY _____ SPOUSE'S FIRST NAME _____

HOME ADDRESS _____ PHONE NUMBER (_____) _____

CITY/STATE/ZIP _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE _____

PERSONAL CHECKING ACCOUNT: BANK _____ BRANCH _____

ADDRESS _____ ACCOUNT NUMBER _____

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____

THEIR ADDRESS _____

FULL LEGAL FIRST NAME _____ M.I. _____ LAST NAME _____ JR. _____ SR. _____

RELATIONSHIP TO COMPANY _____ SPOUSE'S FIRST NAME _____

HOME ADDRESS _____ PHONE NUMBER (_____) _____

CITY/STATE/ZIP _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

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PERSONAL CHECKING ACCOUNT: BANK _____ BRANCH _____

ADDRESS _____ ACCOUNT NUMBER _____

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____

THEIR ADDRESS _____

PLEASE ATTACH CURRENT FINANCIAL STATEMENT. IF ONE IS NOT ATTACHED, PLEASE STATE WHY: _____

SIGNATURE: _____   SIGNATURE: _____

TYPED NAME OF APPLICANT: TYPED NAME OF APPLICANT:

SIGNATURE: _____   SIGNATURE: _____

TYPED NAME OF APPLICANT: TYPED NAME OF APPLICANT:

APPLICANT SIGNATURE AUTHORIZATION

PRIVACY NOTICE: This notice is to be used by the agency collecting it or its assignees in determining whether or not you qualify as a prospective lessee. It will not be disclosed outside the agency except as required and permitted by law.

PART ONE: GENERAL INFORMATION

1. Applicant(s)   2. Name & Address of Lessor

                                                   Parkway Financial
                                                   15375 Barranca Parkway, Suite K-102
                                                   Irvine, CA 92618
                                                   Acting Agent: TriQuest Management Co.

PART TWO: APPLICANT AUTHORIZATION

I/We hereby authorize the Landlord and/or its Agents to order my/our credit report and verify other credit information, including past and present landlord references.

The information the Landlord obtains is only to be used in the processing of my/our lease application.

Applicant_____   Date_____

Applicant_____   Date_____