LEASE APPLICATION FOR SOLE PROPRIETORS AND PARTNERSHIPS

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PLEASE TYPE

| | DATE |
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| BUSINESS INFORMATION | |
| NAME OF COMPANY | |
| TYPE OF COMPANY: CORPORATION WITH PERSONAL GUARANTEE [] SOLE | PROPRIETORSHIP |
| YEAR COMPANY WAS FORMED | |
| BUSINESS ADDRESS | CITY/STATE/ZIP CODE PHONE NUMBER |
| NUMBER & STREET | GITTAINEZE CODE PHONE NOMBEN |
| COMPANY CHECKING ACCOUNT | |
| BANK/BRANCH | |
| ADDRESS/TELEPHONE NUMBER | |
| CURRENT LANDLORD | |
| ADDRESS/TELEPHONE NUMBER | |
| PERSONAL (EMERGENCY) INFORMATION (ALL PARTNERS OF A PARTNERSHIP, SO CORPORATE LEASE ARE REQUIRED TO | |
| | |
| FULL LEGAL FIRST NAME M.I LAST NAM | |
| RELATIONSHIP TO COMPANY | |
| HOME ADDRESS | |
| CITY/STATE/ZIP | |
| SOCIAL SECURITY NUMBER | |
| DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE | |
| PERSONAL CHECKING ACCOUNT: BANK | |
| ADDRESS | ACCOUNT NUMBER |
| THEIR ADDRESS | |
| FULL LEGAL FIRST NAME M.I LAST NAME | ME JR SR |
| RELATIONSHIP TO COMPANY | |
| HOME ADDRESS | |
| | |
| CITY/STATE/ZIP | |
| | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE | DATE OF BIRTH |
| SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE PERSONAL CHECKING ACCOUNT: BANK | DATE OF BIRTH BRANCH |
| SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE PERSONAL CHECKING ACCOUNT: BANK ADDRESS | DATE OF BIRTH BRANCH ACCOUNT NUMBER |
| SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE PERSONAL CHECKING ACCOUNT: BANK ADDRESS NAME OF NEAREST RELATIVE NOT LIVING WITH YOU | DATE OF BIRTH BRANCH ACCOUNT NUMBER RELATIONSHIP |
| SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE PERSONAL CHECKING ACCOUNT: BANK ADDRESS NAME OF NEAREST RELATIVE NOT LIVING WITH YOU THEIR ADDRESS | DATE OF BIRTH BRANCH ACCOUNT NUMBER RELATIONSHIP |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH BRANCH ACCOUNT NUMBER RELATIONSHIP ME JR SR |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH BRANCH ACCOUNT NUMBER RELATIONSHIP ME JR SR SPOUSE'S FIRST NAME |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH BRANCH ACCOUNT NUMBER RELATIONSHIP ME SPOUSE'S FIRST NAME PHONE NUMBER () |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH BRANCH ACCOUNT NUMBER RELATIONSHIP ME JR SR SPOUSE'S FIRST NAME PHONE NUMBER () |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| CITY/STATE/ZIP | DATE OF BIRTH BRANCH ACCOUNT NUMBER RELATIONSHIP ME SPOUSE'S FIRST NAME PHONE NUMBER () DATE OF BIRTH BRANCH BRANCH ACCOUNT NUMBER |

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

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THE REPRESENTATIONS OF FACT CONTAINED IN THIS APPLICATION ARE CONSIDERED PART OF THE LEASE AND ARE TRUE AND CORRECT. IF ANY INFORMATION HEREIN CONTAINED IS DISCOVERED TO BE FALSE OR MISLEADING, THE LEASE MADE ON THE STRENGTH OF THIS APPLICATION MAY, AT THE OPTION OF THE LANDLORD, BE TERMINATED AT ANY TIME. ADDITIONALLY, TRIQUEST MGMT. IS HEREBY GRANTED PERMISSION TO VERIFY ALL CREDIT/PERSONAL INFORMATION AND TO OBTAIN ANY CREDIT REPORTS THEY DEEM NECESSARY.

SIGNATURE: TYPED NAME OF APPLICANT: SIGNATURE: TYPED NAME OF APPLICANT:

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SIGNATURE: TYPED NAME OF APPLICANT: SIGNATURE: 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

IlWe 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