AIRCRE contracts

CREDIT AND BACKGROUND INFORMATION

BUSINESS INFORMATION

FULL LEGAL COMPANY NAME: _____

Business License #: _____ City: _____

DBA: _____ Fed Employ. ID#: _____

Date Fictitious Bus. Name filed: _____

Bus. Address: _____

Tel#: _____

Years in this Location: _____ # of Stores _____ Where: _____

If a Corporation, State of Inc.: _____ Name and Address of Agent for Service: _____

_____

If a Partnership, Name and Address of General Partners: _____

_____

Name and Address of Limited Partners (if any): _____

_____

If a Limited Liability Company, Name and Address of Members: _____

_____

If Individuals, Name and Address: _____

_____

Years in Bus.: _____ Person to contact _____

Nature of Bus: _____

PLEASE LIST ALL BANK(S): (Business & Personal)

Name of Bank: _____ Branch: _____ Tel#: _____

Account Name: _____ Account #: _____ ☐ Personal ☐ Business

Name of Bank: _____ Branch: _____ Tel#: _____

Account Name: _____ Account #: _____ ☐ Personal ☐ Business

TRADE REFERENCES, BUSINESS (if none, Personal)

Current Landlord's Name: _____ Tel#: _____

Address: _____ How long as tenant _____

Insurance Agency: _____ Tel#: _____

Address: _____ Agent: _____

Other reference: _____ Tel#: _____

Address: _____

Comments: _____

Other reference: _____ Tel#: _____

Address: _____

Comments: _____

_____ _____

_____ _____

INITIALS **INITIALS**

TCA-1.02, Revised 10-22-2020

KAM Financial Realty, 12707 High Bluff Dr., Ste 200 San Diego, CA 92130
Phone: (619)356-1086 Fax: Madison Vojak

Commercial App

PERSONAL INFORMATION

Name: Last: _____ First: _____ Middle: _____

Address: _____

Previous Address (if less than 2 years): _____

Date of Birth: _____ Driver's Lic. (# and state): _____

Employer: _____ Tel # _____

Employer's Address: _____

Occupation: _____ Social Security #: _____

Monthly Income: _____

SPOUSE'S INFORMATION

Name: Last: _____ First: _____ Middle: _____

Address: _____

Previous Address (if less than 2 years): _____

Date of Birth: _____ Driver's Lic. (# and state): _____

Employer: _____ Tel # _____

Employer's Address: _____

Occupation: _____ Social Security #: _____

Monthly Income: _____

HAVE YOU EVER FILED FOR BANKRUPTCY?

Business: Yes ☐ No ☐ When: _____ State filed: _____ Chapter: _____

Personal: Yes ☐ No ☐ When: _____ State filed: _____ Chapter: _____

MORTGAGE HOLDER (PERSONAL):

Personal: _____

Acct#: _____

Tel#: _____

Address: _____

Contact: _____

MORTGAGE HOLDER (BUSINESS):

Business: _____

Acct#: _____

Tel#: _____

Address: _____

Contact: _____

PLEASE ATTACH A CURRENT FINANCIAL STATEMENT AND COPIES OF FEDERAL TAX RETURNS FOR THE LAST 3 YEARS FOR EITHER THE BUSINESS OR YOURSELF (whichever is going to be shown as 'Lessee' in the lease).

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____

Tel#: _____

Address: _____

INFORMATION CONCERNING EXISTING LOCATION:

What is the size of the facility/office that this new space will replace? _____ What is the monthly rent for the space that is being replaced? $ _____ What is the reason for acquiring the new space? _____

_____

_____ _____

INITIALS **INITIALS**

I HEREBY GIVE PERMISSION FOR THE INDIVIDUALS AND BUSINESS LISTED ABOVE AS REFERENCES TO PROVIDE FINANCIAL AND CREDIT INFORMATION TO MY PROSPECTIVE LESSOR, HIS MANAGER AND/OR HIS BROKER. I ALSO HEREBY AUTHORIZE THE OWNER AND HIS/HER REPRESENTATIVES TO PERFORM A CREDIT CHECK ON MYSELF AND/OR MY COMPANY.

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 LESSOR, BE TERMINATED AT ANY TIME. IN ADDITION, THE LESSOR IS HEREBY GRANTED PERMISSION TO VERIFY ALL CREDIT/PERSONAL INFORMATION AND TO OBTAIN ANY CREDIT REPORTS IT DEEMS NECESSARY. SIGNATURES TO THIS APPLICATION ACCOMPLISHED BY MEANS OF ELECTRONIC SIGNATURE OR SIMILAR TECHNOLOGY SHALL BE LEGAL AND BINDING.

By Lessee

Executed at: _____

On: _____

_____

_____

By: _____

Name Printed: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

By: _____

Name Printed: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Address: _____

_____

Federal ID No.: _____