

**THIS LETTER MUST BE TYPED ON YOUR BUSINESS LETTERHEAD**

Foxwood Apartments  
4260 Palm Ave.  
San Diego, CA 92154

Re: (Company Name)

To whom it concerns:

This is our corporate letter of responsibility and authorization.

(Person to sign lease) has been authorized to act on behalf of (Company Name) in the matter pertaining to leasing apartments.

All monthly rental payments by the first of each month and security deposit on the apartment(s) will be made by (Individuals Name).

However, (Company Name) will accept responsibility for any unpaid rent, or any undue damage done to the apartment or its contents.

I give Foxwood Apartments authorization to charge my credit card for any unpaid rent, additional cleaning & any damage expenses. It is understood that a 30-day written notice to vacate is required.

Sincerely,

\_\_\_\_\_  
Signature of Corporate Principal

\_\_\_\_\_  
Title

(Unless other arrangements have been made, please fill in your credit card information below. We accept Visa, Mastercard and American Express. Please call us at (619) 690-1199 if you have any questions).

**Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Exp. Date** \_\_\_\_\_ / \_\_\_\_\_

**Name on Card** \_\_\_\_\_

**Card Holder's Signature** \_\_\_\_\_

**I Would Like To Move In On** \_\_\_\_\_

**Length Of Stay** \_\_\_\_\_

**1 Br Unit** \_\_\_\_\_ **2 Br Unit** \_\_\_\_\_

**I Need A Corporate Unit (Bed, Linen, Dishes, Etc.)** \_\_\_\_\_

**COMMERCIAL RENTAL APPLICATION**

Acct \_\_\_\_\_  
Date \_\_\_\_\_

**BUSINESS**

Firm Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

DBA \_\_\_\_\_

Billing Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nature of Business \_\_\_\_\_  
( ) Corporation  
( ) Sole Proprietorship  
( ) Partnership

If the firm is a Corporation, When Incorporated? \_\_\_\_\_

What State? \_\_\_\_\_ Year Established \_\_\_\_\_

At Present Business Address Since \_\_\_\_\_

Business License # \_\_\_\_\_ Contractors License # \_\_\_\_\_

Has applicant been subject to a bankruptcy, reorganization, assignment for the benefit of creditors or similar restructure of debt within the past ten (10) years? ( ) yes ( ) no If yes, Please explain on the addendum.

**PRINCIPALS**

OFFICERS: (List Officers of Corporation, Owners or Partners)

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ SS# \_\_\_\_\_

Have you previously rented with us? \_\_\_\_\_ Under what name: \_\_\_\_\_

Address \_\_\_\_\_ When? \_\_\_\_\_

<u>FULL NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____

AUTOMOBILE \_\_\_\_\_

MAKE MODEL YEAR LICENSE # \_\_\_\_\_

AUTOMOBILE \_\_\_\_\_

MAKE MODEL YEAR LICENSE # \_\_\_\_\_

MOTORCYCLES \_\_\_\_\_

MAKE MODEL YEAR LICENSE # \_\_\_\_\_

**LOCAL BUSINESS CREDIT REFERENCES – PRIMARY SUPPLIERS**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank: Name \_\_\_\_\_ Branch \_\_\_\_\_

Account \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been delinquent in payment of your rent or any other financial obligation? \_\_\_\_\_

\_\_\_\_\_

Have you ever been a defendant in an unlawful detainer (eviction) lawsuit? If yes, please explain. \_\_

\_\_\_\_\_

I hereby authorized **DELTA PROPERTY MANAGEMENT** or its agents to verify the above information by checking with any and all available sources. I understand the \$\_\_\_\_\_ fee for verifying this rental application is not a deposit and will not be applied to future rent, or refunded even if my application is declined.

Legal Name of Firm \_\_\_\_\_

By: \_\_\_\_\_  
Signature (must be an officer or owner) title

Print Name \_\_\_\_\_