



SPECTRUM PROPERTIES

Commercial Real Estate Services

411 Davis St. Suite 102
Vacaville, CA 95688
ph: (707) 469-8000 f: (707) 469-8009

LEASE CREDIT APPLICATION

Please print or type all information as thoroughly as possible.
All information will be kept confidential.

I. GENERAL INFORMATION

A. Property Applicant is Applying For _____

B. Applicant Legal Name _____ Spouse Legal Name _____

Applicant Date of Birth _____ Spouse Date of Birth _____

Applicant SSN _____ Spouse SSN _____

Applicant CADL# _____ Spouse CADL# _____

Applicant Home Address _____ City _____ State _____ Zip _____

Applicant Home Phone _____ Applicant Cell Phone _____

Do you own _____ or rent _____ (please check one) your personal residence?

If you rent your personal residence:

Personal residence Landlord name: _____

Personal residence Landlord phone: _____

Name of relative not living with you _____ Relative Phone _____

Relative Address _____

In Case of Emergency, name, address, phone of person to contact other than spouse _____

C. Are you currently a party to any Legal or Administrative Proceedings? (yes or no) _____

If **yes**, please provide the following: Name being used in proceedings: _____

Date of last activity _____ County/State of Jurisdiction _____ Case Number _____

Court or Agency Presiding: _____ Detail _____

D. Have you ever been convicted of a felony?_____

If **yes**, please provide the following: Legal Name at the Time of Conviction_____

Date of Conviction:_____ County/State of Jurisdiction_____ Case Number_____

Court or Agency Presiding:_____ Detail_____

E. Have you or any other owner of your business ever filed or have had filed any voluntary or involuntary petition for bankruptcy? (if yes, please describe)_____

II. Proposed Business Information

A. How will you operate your business at the proposed location (who will manage, how many employees, etc)_____

B. Describe the use intended for and activities to be conducted on the premises including products to be stored or manufactured (if restaurant, please provide sample menu, if retail store, please list brand names): _____

C. Reason For Move (example: Relocation, Expanding, New Business) _____

D. Describe your start-up operating expenses and amounts.

Tenant Improvements_____ \$_____

Inventory_____ \$_____

Equipment_____ \$_____

Payroll_____ \$_____

Insurance_____ \$_____

Advertising_____ \$_____

Other_____ \$_____

TOTAL START UP EXPENSES_____ **\$**_____

E. How will you pay for your start-up expenses (cash, business loan, etc)?_____

F. Do you have previous business operation experience? If so, please provide details_____

III. If Applicant has existing business...

- A.** Business Name _____ Tax ID# _____
Type of Company: () Sole Proprietorship () Partnership () Corporation
If Corporation, State Where Incorporated _____ Date of Incorporation _____
Current Business Phone _____ How Many Years In Business? _____
- B.** Agent's Name and Company _____ Telephone _____
Address _____
- C.** Current Business Address _____ City _____ State _____ Zip _____
Is Property Rented or Owned? _____ If Rented, monthly rent \$ _____
If Owned, name of Lender _____ Lender Phone _____
Current Business Landlord Name _____ Landlord Phone _____
How many years at this location? _____
- D.** Previous Business Address _____ City _____ State _____ Zip _____
Was Property Rented or Owned? _____ If Rented, monthly rent \$ _____
If Owned, name of Lender _____ Lender Phone _____
Previous Business Landlord Name _____ Landlord Phone _____
How many years at this location? _____

IV. FINANCIAL INFORMATION

A. Employment and Income History

Applicant:

Current Employer: _____
Position or Title: _____
Current Supervisor: _____
Phone # to Verify: _____
Date of Hire: _____
Annual Salary: _____
Do you plan on keeping employment while lease is in effect: Applicant: _____

Spouse:

Current Employer: _____
Position or Title: _____
Current Supervisor: _____
Phone #:to Verify: _____
Date of Hire: _____
Annual Salary: _____
Spouse: _____

B. Personal Checking Account Information

Bank & Branch _____ Phone Number _____
Address _____ City/State/Zip _____
Account Number _____
Name and Title of Person to Contact _____

C. Business Checking Account Information

Bank & Branch _____ Phone Number _____
Address _____ City/State/Zip _____
Account Number _____
Name and Title of Person to Contact _____

D. Owner/Partners/Corporate Officers (other than Applicant)

Name/Title _____ **Date of Birth** _____
Home Address _____
City/State/Zip _____ Telephone _____
Previous Address _____
Social Security # _____ Driver's License # _____
Spouse _____ Employer _____

Name/Title _____ **Date of Birth** _____
Home Address _____
City/State/Zip _____ Res. Phone _____
Previous Address _____
Social Security # _____ Driver's License # _____
Spouse _____ Employer _____

E. List Your Three Largest (By Dollar Volume) Suppliers:

1. **Name** _____ **Phone No.** _____
Address _____
Contact Person _____ Account No. _____
2. **Name** _____ **Phone No.** _____
Address _____
Contact Person _____ Account No. _____
3. **Name** _____ **Phone No.** _____
Address _____
Contact Person _____ Account No. _____

F. List Your Three Largest (By Dollar Volume) Customers:

1. **Name** _____ **Phone No.** _____
Address _____
Contact Person _____ Account No. _____
2. **Name** _____ **Phone No.** _____
Address _____
Contact Person _____ Account No. _____

3. **Name**_____ Phone No_____

 Address _____

 Contact Person _____ Account No. _____

G. Financial Detail / Documents

ASSETS: (Cash, Real Estate Owned, Automobiles Owned, Accounts Receivable, Notes, Collectibles, IRA's, 401/Sep., etc.)

	ITEM	VALUE
1)	Cash	\$
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____

LIABILITIES: (Real Estate loans, loans that would not show on a credit report, Accounts payable, equipment/car/fixture leases, lines of credit, etc.)

	ITEM	VALUE
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____

For Individuals, Sole Proprietor, General Partners, Limited Partners:

1. _____ Attached are statements of Assets/Liabilities and Income/Expense which accurately reflect my present financial status (if more room is needed than provided above)
2. _____ Attached is a copy of our income tax return(s) (if requested by Spectrum Properties)
3. _____ Any other credit information of importance _____

For Corporations or Limited Liability Companies)

- 1._____ Attached are statements of Assets/Liabilities and Income/Expense which accurately reflect the businesses financial status. (if more room is needed than provided above)
- 2._____ Attached is a copy of the last two years business income tax return(s)
- 3._____ Any other credit information of importance _____

V. Declaration

The undersigned swears under penalty of perjury the above information is true and correct and hereby grants the Property Landlord, or its agents (including Spectrum Properties) permission to verify all information contained herein and to obtain credit reports on applicant and its principal owners.

Undersigned further authorizes and instructs any creditor, financial institution, insurance company, landlord or others with who the undersigned has a financial relationship with ("Creditor") to release any information requested by Landlord or its agent regarding its financial history with the undersigned's account. A fax or photocopy of this authorization shall be considered as effective and valid as the original. Any creditor is further authorizes to answer any questions concerning its credit or financial experience with the undersigned.

Undersigned further acknowledges that this form and credit reports will be treated confidentially by Spectrum Properties, however, copies may be given to the Property Owner and/or its agents.

Applicant

Name: _____ Signature: _____ Date: _____

Other Owner/Partner/Officers as contained herein (if any)

Name: _____ Signature: _____ Date: _____

Other Owner/Partner/Officers as contained herein (if any)

Name: _____ Signature: _____ Date: _____

Other Owner/Partner/Officers as contained herein (if any)

Name: _____ Signature: _____ Date: _____

WHEN COMPLETED, PLEASE DELIVER TO:

Spectrum Properties
411 Davis Street, Suite 102
Vacaville, CA 95688-5321
Tel: 707-469-8000
Fax: 707-469-8009