COMMERCIAL LEASE APPLICATION

Sole Proprietor: Non-Profit Federal Tax Payer ID #:
_ State: Zip:
Phone: Fax:
name for this Application):
_ State: Zip:
Years At This Location:
Title:
Date of Birth:
State of Issuance:
_ State: Zip:
Phone:Fax:
Title:
Date of Birth:
State of Issuance:
2000 02 250000000
Phone: Fax:
Tido
Title:
Date of Birth: State of Issuance:
State: Zip:
_ State: Zip: Phone: Fax:

Other Business Locations:

Location1:				
Address:				
City:	State:	Zip:		
Location2:				
Address:				
City:	State:	Zip:		
Names of Person(s) who will Gua	rantee this Lease:			
Person 1:		Title:		
Social Security Number:		Date of Birth:		
Driver's License Number:				
Address:				
City:	State:	Zip:		
Business Phone:	Mobile Phone:	Fax:		
Person 2:		Title:		
Social Security Number:				
Driver's License Number:				
Address:				
City:	State:	Zip:		
Business Phone:	Mobile Phone:	Fax:		
Credit References (Business / Per	rsonal):			
Name:		(circle one)	: Business	Personal
Address:				
City:	State:	Zip:		
Contact Name:		Phone:		
Name:		(circle one)	: Business	Personal
Address:				
City:	State:	Zip:		
Contact Name:		Phone:		
Name:		(circle one)	: Business	Personal
Address:				
City:	State:	Zip:		
Contact Name:		Phone:		
Name:		(circle one)	: Business	Personal
Address:				
City:	State:	Zip:		
Contact Name:		Phone:		

Bank References (Checking / Savings Accounts):

Vame:		Account Type:
Address:		
City:	State:	Zip:
Contact Name:		Phone:
Name:		Account Type:
Address:		
City:	State:	Zip:
		Phone:
Credit Information:		
Issuer:		
Approximate Balance \$		vment \$
Approximate Balance #	1 a	yment ψ
Issuer:		
Approximate Balance \$	Par	vment \$
Approximate Butanee \$\frac{1}{2}		
Issuer:		
Approximate Balance \$	Pay	vment \$
ripproximate Butanee \$\pi_		, mont \$
	. 7/1 / 175 / 71	
Other Creditors Not Already Lis	ted (Auto / Mortgages, Etc):	
Traditor Nama	Lan	Type
Creditor Name: Street Address:	Loai	
City:	State:	Zin:
City:Contact Name:	Phone Number	er:
Balance: \$	Monthly Payment: \$	
Creditor Name:	Loan	n Type:
Street Address:		
Street Address:	State:	Zip:
Contact Name:	Phone Number	er:
Balance: \$	Monthly Payment: \$	
Creditor Name:	Loa	ı Tyne:
Street Address:	State:	Zip:
Contact Name:	Phone Number	er:
Balance: \$		

Additional Comments:

ATTACH COPIES OF THE FOLLOWING DOCUMENTATION AS APPLICABLE:

				Attach If Checked	
1) 2) 3) 4) 5)	Applicant's mo Personal Financ Guarantor's mo	rrent Balance Sheet and Ir ast recent two years' Feder cial Statement (see attach ast recent two years' Feder authorization (see attached	al Tax Returns ed form) ral Tax Returns		
		CONDITI	ONS AND INFORMATIO	N	
			enant") and the acceptance ove the application or enter	of this application by Creditor into a lease with Tenant.	
			give full consent to PURE I past history and any inform	E Property Management, Inc. and its affilianation relating to same.	ates
				d past credit position and financial credibil operty Applicant is interested in leasing.	ity
				pplication, if the prospective time of completion of this application, a	
he initial a				Landlord reserves the, right after reviewing for Form if a Guarantor becomes a	ng
			by Applicant will be preserved poses of evaluating this pro-	yed except where disclosure of this posed transaction.	
		LAN	NDLORD USE ONLY		
A	Annual Costs:				
_	lent: \$			Other:	

Lessee Credit Check Authorization

I/We the undersigned hereby authorize PURE Property Management, Inc., and/or any of its affiliates, partners, subsidiaries, employees or designees (hereinafter collectively referred to as "PURE"), to make any credit inquiries that PURE may deem necessary in connection with my/our lease application. This authorization also applies to inquiries regarding employment history, bank accounts, and follow-up credit inquiries/checks that PURE may deem necessary now or in the future, in connection with the tenancy contemplated.

Applicant	Applicant
(Print company name, if applicable)	(Print company position held, if applicable)
Ву:	Ву:
Print Full egal Name	Print Full Legal Name
lts:	Its
Street Address	Street Address
City, State, ZIP	City, State, ZIP
Date of Birth	Date of Birth
Driver's License Number	Driver's License Number
FEIN or Social Security Number	FEIN or Social Security Number
Dated:	Dated:

Guarantor Credit Check Authorization

I/We the undersigned hereby authorize PURE Property Management, Inc. and/or any of its affiliates, partners, subsidiaries, employees or designees (hereinafter collectively referred to as "PURE"), to make any credit inquiries that PURE may deem necessary in connection with my/our lease application. This authorization also applies to inquiries regarding employment history, bank accounts, and follow-up credit inquiries/checks that PURE may deem necessary now or in the future, in connection with the tenancy contemplated.

Applicant	Applicant
(Print company name, if applicable)	(Print company position held, if applicable)
Ву:	Ву:
Print Full egal Name	Print Full Legal Name
ts:	lts
Street Address	Street Address
City, State, ZIP	City, State, ZIP
Date of Birth	Date of Birth
Driver's License Number	Driver's License Number
FEIN or Social Security Number	FEIN or Social Security Number
Dated:	Dated: