

## **REQUEST FOR CREDIT REPORT**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
SPOUSE NAME: \_\_\_\_\_ JR., SR., I, II, III: \_\_\_\_\_  
CURRENT ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PREVIOUS ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### **PRIMARY INFORMATION:**

SS #: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_  
DRIVER'S LIC #: \_\_\_\_\_

### **SPOUSE INFORMATION:**

SS#: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_  
DRIVER'S LIC #: \_\_\_\_\_

### **BRYAN INDUSTRIAL PROPERTIES, INC.**

146 E. Orangethorpe Avenue

Anaheim, CA. 92801

tel (714) 871-1314

fax (714) 680-3727

Note: Please print clearly

# LEASE APPLICATION

**PART I: TENANT INFORMATION**

A. BUSINESS NAME \_\_\_\_\_

DBA \_\_\_\_\_ CURRENT PHONE \_\_\_\_\_

B. LEGAL ENTITY  Corporation  Sole Proprietorship  
 Partnership  Other \_\_\_\_\_

**PART II: OFFICER/ PARTNER/ OWNER INFORMATION**

Note: Please give complete information for all officers/partners/owners - Use additional paper if necessary

FULL NAME	POSITION	HOME ADDRESS	Hm Phone	Social Sec. #	% Equity

A. FEDERAL TAX I.D. # \_\_\_\_\_ B. DATE BUSINESS ESTABLISHED \_\_\_\_\_

C. TYPE OF BUSINESS \_\_\_\_\_

**PART III: PARENT COMPANY**

Name and Address of parent company \_\_\_\_\_  
name

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

**PART IV: BUSINESS ADDRESSES**

Note: Please give complete information for the preceding five years - Use additional paper if necessary

A. CURRENT ADDRESS \_\_\_\_\_  
Address City State Zip

Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Term of Lease \_\_\_\_\_ Monthly Lease Amount \_\_\_\_\_

Length of Occupancy \_\_\_\_\_

B. PREVIOUS ADDRESS \_\_\_\_\_  
Address City State Zip

Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Term of Lease \_\_\_\_\_ Monthly Lease Amount \_\_\_\_\_

Length of Occupancy \_\_\_\_\_

C. PRIOR ADDRESS \_\_\_\_\_  
Address City State Zip

Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Term of Lease \_\_\_\_\_ Monthly Lease Amount \_\_\_\_\_

Length of Occupancy \_\_\_\_\_

**PART V: BUSINESS FINANCIAL INFORMATION**

**A. Business Credit Accounts**

NAME \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

Address City State Zip

NAME \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

Address City State Zip

NAME \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

Address City State Zip

**B. Business Bank Accounts**

BANK NAME \_\_\_\_\_ Phone ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

Address City State Zip

Account # \_\_\_\_\_ Contact Name \_\_\_\_\_

BANK NAME \_\_\_\_\_ Phone ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

Address City State Zip

Account # \_\_\_\_\_ Contact Name \_\_\_\_\_

**PART VI: BUSINESS DECLARATIONS**

A. Has this business, its officers, partners, or owners ever been delinquent in payment of any financial obligation? (If yes, please explain)

\_\_\_\_\_

B. Has this business, its officers, partners, or owners ever been a defendant in an unlawful detainer and/or breach of contract lawsuit? (If yes, please explain.)

\_\_\_\_\_

I / We hereby authorize \_\_\_\_\_ to verify all information on this application by contacting the sources listed herein or any other sources available. I / We understand that information that does not verify, or cannot be verified, may result in this application not being approved, and that the \$ \_\_\_\_\_ fee paid for verification of this application is a non-refundable fee, regardless of whether or not this application to lease is approved or denied.

Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# PERSONAL FINANCIAL STATEMENT

## PERSONAL PROFILE

Name		Age	Soc. Sec. #
Street Address		City	State Zip
		How long at address	Yrs. Mos.
Home Phone ( )	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other
		Years with Company	
<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried (Includes single, divorced and widowed)		<input type="checkbox"/> Separated
Number of Dependents		Ages of Dependents	
Spouses Name			Spouses Soc. Sec. #
Spouse Employed By		Spouses Occupation	Spouses Work Phone ( )
How long with Employer? (Spouse) Yrs. Mos.			

## FINANCIAL STATEMENT List all amounts in dollars. Omit cents. Please attach a separate sheet if more space is needed

ASSETS	AMOUNT	DATE OF STATEMENT:	
Cash		LIABILITIES	AMOUNT
Cash In Other Institutions		Income Taxes Payable	
		Other Taxes Payable	
Other Cash Equivalent		Revolving Credit (Sched. 4)	
Treasury Certificate / Bonds		Installment contracts and notes	
NYSE/OTD Listed Securities (Sched. 1)		payable to banks & others (Sched. 5)	
Rated Corp. / Muni Bonds (Sched. 1)		Loans on Life Insurance	
IRA / KEOGH / Pension		Mortgages or Liens on	
Notes Receivable - Include only		Real Estate (Sched. 3)	
Mortgages / Deeds of Trust		Other Liabilities (detail)	
owned (Sched. 2)			
Real Estate Market Value (Sched. 3)			
Automobiles			
Recreational Vehicles			
Boats & Airplanes			
Business Equity			
Other Investments (Ltd. Partnerships)			
Notes Receivable, unsecured		<b>TOTAL LIABILITIES</b>	
All unlisted stocks and securities			
(Attach Sched., if applicable)		<b>NET WORTH</b>	
Other Assets (detail)		(Total Assets minus Total Liabilities)	
		<b>TOTAL</b>	
		(Total Liabilities plus Net Worth)	
<b>TOTAL ASSETS</b>			

ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT	CONTINGENT LIABILITIES	AMOUNT
Employment- Applicant		Mortgage Payments		As Endorser	
Spousal		Property Tax / Assessments		As Guarantor	
Dividends / Bonds		Property & Hazard Insurance		On Damage Claims	
Interest		Utilities		Letters of Credit	
Gross Rental		Rent		Other (Detail)	
Other (Detail)		Revolving Credit (Sched. 4)			
		Installment Contracts (Sched. 5)			
		Alimony, Child Support / Maint.			
		Income and other Taxes			
Alimony, Child Support		Insurance			
or Separate Maintenance <sup>‡</sup>		Other (Detail)			
				<input type="checkbox"/> Check Here	
				"If None"	
<b>TOTAL</b>		<b>TOTAL</b>		<b>TOTAL</b>	

\* Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation

<b>BANKING RELATIONSHIPS</b> (Please list only your personal accounts)					
BANK	ACCOUNT NUMBER	PERSONAL	CURRENT	FOR BANK USE	
		CHKG/SVGS	BALANCE	(Avg. Blnce)	Prod. Code
			\$	\$	
			\$	\$	
			\$	\$	

**GENERAL INFORMATION** If married these questions apply to both you and your spouse.

YES  NO Have you ever had a repossession?
  YES  NO Have you ever had a bankruptcy or had a judgment against you?

YES  NO Have you ever been a principal or guarantor of a firm that declared bankruptcy?
  YES  NO Are any assets pledged or debts secured except as shown?

YES  NO Are you a party to any claim or lawsuit?

YES  NO Has there been an IRS audit in the past 3 yrs?
  YES  NO If yes, has the audit been settled?

If YES to any of the above, please explain:

**HOW HELD CODE-** In space provided, please indicate applicable abbreviation **A** = Applicant; **S** = Spouse; **J** = Jointly w/ Spouse; **O** = Jointly w/ other than Spouse; **ASP** = Applicant's separate property; **SSP** = Spouse's separate property.

**SCHEDULE 1 Securities Owned**

How Held	No. Shares or Bond Amount	Description	Title In Name of	Pledge / Yes or No	Where Quoted	Present Mkt. Value
<b>TOTAL</b>						<b>\$</b>

**SCHEDULE 2 Notes Receivable: Mortgage & Deed of Trust Owned**

How Held	Name of Debtor	Collateral / Type of Property	Date of Note	Annual P & I Payment	Due Date	1st or 2nd Lien	Unpaid Balance
<b>TOTAL</b>							<b>\$</b>

**SCHEDULE 3 Real Estate Holdings Mortgages or Liens**

**PROPERTY TYPE:** SD = Single Dwelling; MD = Multiple Dwelling; C = Coml/Ind. (Attach separate schedule for additional properties.)

Property Type	1st Property			2nd Property			3rd Property			4th Property		
	<input type="checkbox"/> SD	<input type="checkbox"/> MD	<input type="checkbox"/> C	<input type="checkbox"/> SD	<input type="checkbox"/> MD	<input type="checkbox"/> C	<input type="checkbox"/> SD	<input type="checkbox"/> MD	<input type="checkbox"/> C	<input type="checkbox"/> SD	<input type="checkbox"/> MD	<input type="checkbox"/> C
Address												
Date Purchased												
Cost	\$			\$			\$			\$		
Monthly Principal & Interest Payment	\$			\$			\$			\$		
Estimated Mrkt Value (A)	(\$ )			(\$ )			(\$ )			(\$ )		
1st Mortgage Balance (B)	(\$ )			(\$ )			(\$ )			(\$ )		
All other Mortgages/Liens (C)	\$			\$			\$			\$		
Equity (A - B - C)	\$			\$			\$			\$		
Gross Rental (D)	\$			\$			\$			\$		
Mortgage Payments (E)	\$			\$			\$			\$		
Taxes, Insurance, Utilities (Exclude Depreciation) (F)	\$			\$			\$			\$		
Net Cash Flow (D - E - F)	\$			\$			\$			\$		

**SCHEDULE 4 Revolving Credit****SCHEDULE 5 Installment Contracts & Notes Payable**

Creditor's Name	Account No.	Monthly Payment	Present Balance	Creditor's Name	Account No.	Monthly Payment	Present Balance
TOTALS		\$	\$	TOTALS		\$	\$

ADDITIONAL COMMENTS:

**SIGNATURES**

For the purpose of obtaining or establishing credit from time to time, the undersigned certify that the above (attached) statement and supporting schedules, prepared by or for the undersigned, are complete and true statement of the financial condition of the undersigned on the date indicated. You are authorized to make whatever inquiries about the undersigned deemed necessary and appropriate for the purpose of evaluating the credit application provided. You are also authorized to provide credit information about your credit experience with the undersigned to other creditors and credit reporting agencies.

**X**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Note: Spouse's signature required only if spouse is co-applicant.

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