

Project _____ Suite _____

California Partners Inc.

BUSINESS APPLICATION

NAME OF FIRM		TELEPHONE NO.	
STREET ADDRESS		CITY AND STATE	HOW LONG
MAILING ADDRESS (If Different than Above)			
PREVIOUS ADDRESS		CITY AND STATE	HOW LONG
PREVIOUS LANDLORD	ADDRESS	TELEPHONE NUMBER	
NATURE OF BUSINESS			HOW LONG IN BUSINESS
IS COMPANY A: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP			CONTRACTOR'S LICENSE NUMBER
IF CORPORATION, WHEN INCORPORATED			WHERE
OTHER DBA'S			Tax ID #:

Fax Number: _____

LIST OFFICERS, PARTNERS OR OWNERS

TITLE/ % OWHERSHIP	/	%	/	%	/	%
NAME						
ADDRESS						
CITY, STATE, ZIP						
DRIVERS LICENSE NO.						
SOC. SEC. NO.						
DATE OF BIRTH						

BANKING

BANK	SAVINGS ACCT. NO.	\$
ADDRESS	ZIP	CHECKING ACCT. NO. \$
PHONE	CONTACT	LOAN NUMBER \$
BANK	SAVINGS ACCT. NO.	\$
ADDRESS	ZIP	CHECKING ACCT. NO. \$
PHONE	CONTACT	LOAN NUMBER \$

COMMENTS

BUSINESS CREDIT REFERENCES

NAME	ADDRESS AND CITY	ZIP
PHONE	HOW LONG?	CONTACT RATING
NAME	ADDRESS AND CITY	ZIP
PHONE	HOW LONG?	CONTACT RATING
NAME	ADDRESS AND CITY	ZIP
PHONE	HOW LONG?	CONTACT RATING

ASSETS

FINANCIAL STATEMENT ATTACHED? YES NO

BUILDING	LAND	EQUIPMENT	FURNITURE & OFFICE EQUIPMEN
\$	\$	\$	\$
AUTOS	ACCOUNTS RECEIVABLE	NET WORTH	
\$	\$	\$	

IMPORTANT: APPLICANT READ BEFORE SIGNING

I authorize you to obtain such information as you may require concerning the statements contained in this application, both as a prerequisite for entering into a lease and at any time during the lease term if a lease is entered into between the parties.

Signature _____ Date _____

Signature _____ Date _____

Email Address: _____ Fax #: _____