



RENTAL APPLICATION FOR SPRINGS OFFICE

Return application to: Leslie@EclipseProperties.Net or text to (714) 343-6401

Business Information of Applicant and Guarantor

Company name:	Date established:	Website:
Primary business activity:	Fed. Tax ID.:	Hours of operation:
Office phone #:	Business email:	Business partner(s) names:
Title of Applicant/Guarantor:	% of ownership of Applicant/Guarantor:	Type of business (circle one): Sole prop. Partnership. Corp. LLC. Other
Current business address:	City:	State: Zip:
How long at current location:	Reason for moving:	Landlord name and number:
Number of people moving office:	Average number of clients per week:	Office furniture: Circle one: Need to borrow Have own
Business reference name:	Relationship to reference:	Reference phone:

CREDIT REFERENCES

Bank:	Type of account:	Account #:	Routing #:
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Personal Information of Applicant and Guarantor

First name:	Middle name:	Last name:
Date of birth:	S.S. #:	Drivers Lic. #: State:
Home address:	City:	State: Zip:
Cell phone:	Work phone:	E-mail:
Personal reference name:	Relationship to reference:	Reference phone:

Has applicant ever been sued? No Yes Why? _____

Has applicant ever filed for bankruptcy? No Yes

Has applicant ever been guilty of a felony? No Yes Why? _____

Has applicant ever broken a lease? No Yes Why? _____

Is the total amount of move-in expenses available now? Yes No Why? _____

Authorization to obtain consumer credit report and background check:

By signing application, each individual who is either a principal of the credit applicant listed or a personal guarantor of its obligations, provides written authorization for Landlord and/or its representatives to review his/her personal and business credit profile and background for the purpose of this application and any future renewals and/or lease extensions. A photo, text and/or static copy of this authorization shall be as valid as the original.

Signature: _____ Date _____

Name: (please print): _____ Title _____