



SURF MANAGEMENT, INC.

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Phone (310) 533-5900 Fax (310) 533-0775 Email: leasing @surfmanagement.com

LEASE APPLICATION AND CREDIT INFORMATION

DATE _____

COMPANY NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

COMPANY EMAIL _____

TYPE OF BUSINESS: _____

YRS at CURR. LOCATION: _____ CURRENT RENT _____ WEBSITE: _____

CURRENT LANDLORD _____

LANDLORD EMAIL _____ PHONE _____

PROPRIETORSHIP _____ PARTNERSHIP _____ CORP _____ LLC _____ INDIVIDUAL _____

DATE BUSINESS STARTED: _____ STATE OF INCORPORATION _____

FEDERAL TAX ID: _____

PROPOSED TERMS:

PROPERTY ADDRESS: _____

1. LEASE TERM _____

2. OCCUPANCY DATE _____

3. RENT _____

4. PLANNED USE _____

5. IMPROVEMENTS REQUESTED _____

**PLEASE PROVIDE: LAST THREE MONTHS BANK STATEMENTS AND/OR
LAST 2 YEAR'S TAX RETURNS**

PRINCIPALS

1. NAME: _____ TITLE: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

PHONE: _____ S.S. _____ D.L.# _____ STATE: _____

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IN CONNECTION WITH THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT SURF MANAGEMENT, INC., WILL RELY ON THIS INFORMATION IN EXTENDING CREDIT TO ME. I AUTHORIZE THE CREDIT REPORTING AGENCIES, OUR BANK, AND THE TRADE REFERENCES PROVIDED HEREIN TO RELEASE ALL CREDIT INFORMATION ON ME AND MY COMPANY NECESSARY TO PROCESS THIS APPLICATION.

DATE _____

SIGNATURE

TITLE

2. NAME: _____ TITLE: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

PHONE: _____ S.S. _____ D.L.# _____ STATE: _____

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IN CONNECTION WITH THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT SURF MANAGEMENT, INC., WILL RELY ON THIS INFORMATION IN EXTENDING CREDIT TO ME. I AUTHORIZE THE CREDIT REPORTING AGENCIES, OUR BANK, AND THE TRADE REFERENCES PROVIDED HEREIN TO RELEASE ALL CREDIT INFORMATION ON ME AND MY COMPANY NECESSARY TO PROCESS THIS APPLICATION.

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SIGNATURE

TITLE