



SURF MANAGEMENT, INC.

357 Van Ness Way, Suite 100, Torrance, CA 90501
Phone (310) 533-5900 Fax (310) 533-0775 Email: leasing @surfmanagement.com

LEASE APPLICATION AND CREDIT INFORMATION

Please submit a proposal along with this application addressing the following:
1) Term; 2) Price; 3) Occupancy Date; 4) Tenant Improvements Needed

DATE _____ PROPERTY LOCATION _____

COMPANY NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

TYPE OF BUSINESS: _____

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

CURRENT LANDLORD _____ PHONE _____

PROPRIETORSHIP _____ PARTNERSHIP _____ CORP _____ LLC _____ INDIVIDUAL _____

DATE BUSINESS STARTED: _____ STATE OF INCORPORATION _____

FEDERAL TAX ID: _____ DUN & BRADSTREET # & RATING _____

TRADE REFERENCES:

1. COMPANY _____ PERSON TO CONTACT _____

ADDRESS _____ PHONE _____ EMAIL _____

2. COMPANY _____ PERSON TO CONTACT _____

ADDRESS _____ PHONE _____ EMAIL _____

3. COMPANY _____ PERSON TO CONTACT _____

ADDRESS _____ PHONE _____ EMAIL _____

BANK REFERENCE:

BANK NAME _____ Primary ACCT # _____

ADDRESS _____ PERSON TO CONTACT _____

CITY _____ STATE _____ PHONE _____ EMAIL _____

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: _____

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SIGNATURE

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