



SAN PEDRO PLAZA

LEASE APPLICATION

Thank you for your interest in San Pedro Plaza.

Please provide us with the following:

- A completed Business Credit Information (Use the attached form below)
- A completed Personal Financial Statement (Use the attached form below)
- \$30 Credit Check Fee payable to Venture Commercial Realty

If you have any questions, please contact Joseph Khoshsima, Jessica Parra or Victor Cho at (213) 380-7561.

BUSINESS CREDIT INFORMATION

SUBMIT WITH PROPOSAL TO LEASE

BUSINESS

_____	BUSINESS NAME	_____	YEARS AT ADDRESS
_____	ADDRESS	_____	LANDLORD
_____	PHONE NUMBER	_____	LANDLORD'S PHONE NUMBER

TYPE OF BUSINESS (please check one): SOLES PROPRIETORSHIP PARTNERSHIP CORPORATION STATE INCORPORATED

BANK REFERENCES

_____	BANK NAME	_____	BANK NAME
_____	TYPE OF ACCOUNT	_____	TYPE OF ACCOUNT
_____	ACCOUNT NUMBER	_____	ACCOUNT NUMBER
_____	PHONE NUMBER	_____	PHONE NUMBER
_____	CONTACT	_____	CONTACT

TRADE REFERENCES

_____	FIRM NAME	_____	FIRM NAME	_____	FIRM NAME
_____	NUMBER OF YEARS	_____	NUMBER OF YEARS	_____	NUMBER OF YEARS
_____	ADDRESS	_____	ADDRESS	_____	ADDRESS
_____	CITY, ZIP CODE	_____	CITY, ZIPCODE	_____	CITY, ZIP CODE
_____	PHONE NUMBER	_____	PHONE NUMBER	_____	PHONE NUMBER
_____	CONTACT	_____	CONTACT	_____	CONTACT

PERSONAL INFORMATION

_____	PRINCIPAL OFFICER(S)	_____	PRINCIPAL OFFICER(S)
_____	TITLE/POSITION	_____	TITLE/POSITION
_____	HOME ADDRESS	_____	HOME ADDRESS
_____	CITY, ZIP CODE	_____	CITY, ZIP CODE
_____	PHONE NUMBER	_____	PHONE NUMBER
_____	SOCIAL SECURITY NUMBER	_____	SOCIAL SECURITY NUMBER
_____	DRIVER'S LICENSE	_____	DRIVER'S LICENSE

This statement is furnished in connection for proposal to lease and is to be continuous until another shall be substituted for it. The undersigned/lessee shall give the other party/landlord/lessor authorization to verify all the above stated information and check credit report only for the purpose of evaluation proposal to lease provided.

SIGNATURE _____ **DATE** _____

PERSONAL FINANCIAL STATEMENT

SUBMIT WITH PROPOSAL TO LEASE

LESSEE

FULL NAME	SOCIAL SECURITY NO.	AGE
RESIDENCE ADDRESS	YEARS AT ADDRESS	TELEPHONE NUMBER
PREVIOUS ADDRESS IF AT ABOVE ADDRESS LESS THAN 1 YEAR		
EMPLOYER	ADDRESS	TELEPHONE NUMBER

FINANCIAL STATUS AS OF _____

ASSETS		AMOUNT	
CASH	BANK (CHECKING)		
	BANK (CHECKING)		
	BANK (SAVING)		
	CASH ON HAND		
REAL ESTATE	PROPERTY TYPE		
	ADDRESS		
	PROPERTY TYPE		
	ADDRESS		
ACCOUNTS RECEIVABLE	NOTE COLLECTIBLES		
	RELATIVE AND FRIENDS		
AUTOMOBILE	MODEL AND MAKE YEAR		
	MODEL AND MAKE YEAR		
LIFE INSURANCE			
STOCKS & BONDS			
OTHER PROPERTIES			
TOTAL ASSETS			

LIABILITIES		AMOUNT	
NOTES PAYABLE TO BANK	REAL ESTATE LOANS		
	REAL ESTATE LOANS		
	AUTOMOBILE LOANS		
	OTHER LOANS		
	OTHER LOANS		
ACCOUNTS RECEIVABLE	PERSONAL NOTES		
	OTHERS		
LIFE INSURANCE	INCOME TAX AND/OR REAL ESTATE TAX		
OTHER PROPERTIES	UNPAID INTEREST		
	OTHERS		
TOTAL LIABILITIES			
NET WORTH			

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SIGNATURE _____ DATE _____