

TENANT INFORMATION PROFILE
PLEASE COMPLETE FORM ENTIRELY AND PRINT CLEARLY

Tenant Name: _____
(First) (Middle) (Last)

Name of Business: _____

Unit Applying For: _____

Proposed Use of the Premises: _____

Type of Company: () Sole Proprietorship () Partnership () Corporation

State where incorporated: _____

Date Incorporated: _____

VITAL INFORMATION: (Please fill entirely, including information on all partners and Corporate Officers. If additional space is required, please attach an additional sheet. Include all addresses for the past five years).

1) Name/Title: _____ Date of Birth: _____

Home Address: _____ Time at this Address: _____

City/State/Zip: _____ Home Phone: _____

Own or Rent Home noted above: _____ Business Phone: _____

Social Security #: _____ Drivers Lic. #/ State: _____

2) Name/Title: _____ Date of Birth: _____

Home Address: _____ Time at this Address: _____

City/State/Zip: _____ Home Phone: _____

Own or Rent Home noted above: _____ Business Phone: _____

Social Security #: _____ Drivers Lic. #/ State: _____

IF INCORPORATED, PLEASE LIST REGISTERED AGENT:

Name: _____ Phone #: _____

Address/City/State: _____

CHECKING ACCOUNT: (Please list all additional checking accounts, both personal and Company, on a separate sheet, including all the information requested).

Personal

Business

Bank and Branch: _____

Address: _____

City/State: _____

Phone #: _____

Account #: _____

Present Balance: _____

Date Opened: _____

EMERGENCY CONTACT #1:

Name: _____ Phone #: _____

Home Address: _____

City/State/Zip: _____

Non-refundable charge for credit checks: Corp. \$85, Partnership \$110, Sole Proprietor \$25

Make all checks payable to: "Boris Pirih or Jacob Logar"

Office Address: 2125 S. Hellman Ave. Suite A Ontario, CA 91761 FAX (909) 947-9773

EMERGENCY CONTACT #2:

Name: _____ Phone #: _____

Home Address: _____

City/State/Zip: _____

Last Business Address: _____

City/State: _____

Previous Landlord: _____ Phone #: _____

REAL ESTATE – HOME MORTGAGE (If more than one property is owned, please list properties on a separate sheet, including all information requested)

Mortgage Holder: _____

Property Address: _____

Approximate Property Value: _____ Payment: _____

Date Property Purchased: _____

AUTOMOBILES OWNED

Make/Year Model: _____ License #: _____

Loan Amount: _____ Lender: _____ Approx. Value: _____

TRADE REFERENCES

Company	City	Contact Name	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE: (Please note that the lease requires liability insurance be carried in the amount of \$1,000,000 and that the Landlord and the Management Company be named as separate additional insured parties)

Insurance Company: _____

Agent's Name: _____

Does your company have a financial statement for the last year? _____

I hereby authorize the landlords or the management company to obtain a credit report from any of the above listed "credit references". I also authorize landlords or the management company to obtain a consumer credit report on the undersigned and to verify the information disclosed. I understand that this authorization will not create any obligation which I do not already have and will not increase any existing obligation.

It is understood that any alterations, additions, or structural changes will be accomplished in accordance to city codes and submitted for owner approval prior to any work being done. Defects in the unit leased-such as plumbing, electrical, etc. must be brought to the attention of the property manager within thirty (30) days or they will become the responsibility of the tenant as per the terms of the lease.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HEREBY GRANT PERMISSION TO VERIFY ALL INFORMATION AND TO OBTAIN A CREDIT REPORT(S).

Signature

Date

Non-refundable charge for credit checks: Corp. \$85, Partnership \$110, Sole Proprietor \$25

Make all checks payable to: "Boris Pirih or Jacob Logar"

Office Address: 2125 S. Hellman Ave. Suite A Ontario, CA 91761 FAX (909) 947-9773

ESCONDIDO ENTERPRISES, INC.

WWW.ESCONDIDOENTERPRISES.COM

2125 South Hellman Ave, Suite A

Ontario, California 91761 USA

Phone (909) 923-2469

Fax (909) 947-9773



To whom it may concern:

The following items (or information) will be needed in order to draw up and execute the lease:

- Send via fax a rider / additionally insured added to your general liability policy. The coverage information is found in paragraph 8.2 of the lease:

(a) **Carried by Lessee.** Lessee shall obtain and keep in force a Commercial General Liability policy of insurance protecting Lessee and Lessor as an additional insured against claims for bodily injury, personal injury and property damage based upon or arising out of the ownership, use, occupancy or maintenance of the Premises and all areas appurtenant thereto. Such insurance shall be on an occurrence basis providing single limit coverage in an amount not less than \$1,000,000 per occurrence with an annual aggregate of not less than \$2,000,000, an *“Additional Insured-Managers or Lessors of Premises Endorsement”* and contain the *“Amendment of the Pollution Exclusion Endorsement”* for damage caused by heat, smoke or fumes from a hostile fire. The policy shall not contain any intra-insured exclusions as between insured persons or organizations, but shall include coverage for liability assumed under this Lease as an **“insured contract”** for the performance of Lessee’s indemnity obligations under this Lease. The limits of said insurance shall not, however, limit the liability of Lessee nor relieve Lessee of any obligation hereunder. All insurance carried by Lessee shall be primary to and not contributory with any similar insurance carried by Lessor, whose insurance shall be considered excess insurance only.

Certificate holder information:

Boris Pirih, Jacob Logar and Escondido Enterprises

2125 S. Hellman Ave. Suite A

Ontario, CA 91761

Fax (909) 947-9773

Sincerely,

Chris L'Allier

Commercial Broker

Make all checks payable to: “Boris Pirih or Jacob Logar”

Office Address: 2125 S. Hellman Ave. Suite A Ontario, CA 91761 FAX (909) 947-9773