

Rental Application for Townsgate Atrium

(Please type or print clearly)

Date: _____

Address: _____ Unit: _____

City: _____ State: _____ Zip: _____

Square Footage: _____ Amount Per Sq. Ft.: _____ Rent Amount: _____

Lessee: _____

Federal ID #: _____ State License #: _____

Proposed Use of Premises: _____

Approximate Size and Type of Suite Desired: _____

Date you wish to move in: _____

Type of Business Organization:

Sole Proprietorship:

Owner's Name: _____

Residence Address: _____

Residence Phone #: _____ Soc. Sec. #: _____ Drivers Lic. # _____

Cell Phone #: _____ Email Address: _____

Partnership:

Business Name: _____

Business Address: _____

Business Phone #: _____ How long in business? _____

Partner Name: _____

Residence Address: _____

Residence Phone #: _____ Soc. Sec. #: _____ Drivers Lic. # _____

If there are more partners please attached all information as requested above.

Corporation: (Please check one)

Parent Corporation: _____

Division of: _____

Subsidiary of: _____

Year Incorporated: _____

Corporate Officers:

President Name: _____

Residence Address: _____

Residence Phone #: _____ Soc. Sec. #: _____ Drivers Lic. # _____

Vice President Name: _____

Residence Address: _____

Residence Phone #: _____ Soc. Sec. #: _____ Drivers Lic. # _____

Secretary's Name: _____

Residence Address: _____

Residence Phone #: _____ Soc. Sec. #: _____ Drivers Lic. # _____

Treasurer's Name: _____

Residence Address: _____

Residence Phone #: _____ Soc. Sec. #: _____ Drivers Lic. # _____

Financial:

Bank Name: _____

Address: _____

Type of Account: _____ Account #: _____

Bank Name: _____

Address: _____

Type of Account: _____ Account #: _____

Credit Reference: _____

Address: _____

Account #: _____

Credit Reference: _____

Address: _____

Account #: _____

Previous Tenancy:

Current Address: _____

Lessor's Name: _____ Phone #: _____

Previous Business Address: _____

Lessor's Name: _____ Phone #: _____

Emergency Contacts:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Applicant represents that all statements given herein are true and correct, and hereby authorizes verification of references given via a credit reporting agency or other means. Applicant further understands that all information given herein is personal and confidential.

Applicant: _____ Date: _____

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Applicant: _____ Date: _____

For Office Use Only:

TRW Report Ordered: _____ Received: _____

Comments: _____

Previous Landlord Contacted: _____

Comments: _____

Banking: _____

Other: _____



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