



## VOGT & ASSOCIATES

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Office : 2367 Lomita Blvd. Lomita, CA 90717 / Tel : (310) 539-6660 Fax : (310) 539-4254

[www.vogtandassociates.biz](http://www.vogtandassociates.biz)

E-mail: [vogtandassociates@yahoo.com](mailto:vogtandassociates@yahoo.com)

PLEASE BRING APPLICATION TO OUR OFFICE  
TOGETHER WITH THE FOLLOWING :

[ NO PERSONAL CHECKS ]

1. \$10.00 PER PERSON FOR CREDIT CHECK (CASH/MONEYORDER)
2. \$15.00 PROCESSING FEE (CASH/MONEY ORDER/CASHIERS CHECK)
3. PHOTO I.D. SUCH AS DRIVER'S LICENSE, I.D. CARD, OR PASSPORT
4. SOCIAL SECURITY CARD FOR APPLICANT & CO-APPLICANT
5. TWO MOST RECENT PAYCHECK STUBS OR PROOF OF OTHER SOURCE OF INCOME (APPLICANT/CO-APPLICANT)
6. APPROVED APPLICANTS: SECURITY DEPOSIT AND 1<sup>ST</sup> MONTH'S RENT PAYMENT SHOULD BE IN THE FORM OF CASH OR MONEY ORDER ONLY.
7. PROPOSED RESIDENTS MUST QUALIFY FINANCIALLY WITH REASONABLE CREDIT AND SUFFICIENT INCOME TO PAY TO RENT.
8. UPON NOTICE OF APPROVAL OF APPLICATION, THE UNIT MUST BE TAKEN WITHIN (2) WEEKS, UNLESS OTHER ARRANGEMENTS ARE AGREED TO BY THE MANAGEMENT / LANDLORD.
9. THIS PROPERTY IS NOT AVAILABLE ON A FIRST COME BASIS. IT IS MANAGEMENT'S FIDUCIARY RESPONSIBILITY TO THE OWNER OF THE PROPERTY IN SELECTING THE BEST-QUALIFIED APPLICANT. **DEROGATORY INFORMATION MAY DISQUALIFY APPLICANT.** ALL INFORMATION MUST BE VERIFIABLE. IF WE CANNOT VERIFY PREVIOUS LANDLORDS AND ADDRESSES, EMPLOYMENT OR ANY STATEMENT ON APPLICATION, IT WILL BE REJECTED. APPLICATIONS WILL BE DENIED BASED ON MISREPRESENTATION. ACCEPTED APPLICANTS DISCOVERED LATER TO HAVE MISREPRESENTED ANY INFORMATION WILL RISK TERMINATION OF RESIDENCY.

Please contact our office should you have any questions regarding this form (310) 539-6660.



# COMMERCIAL APPLICATION TO RENT / LEASE

VOGT & ASSOCIATES / 2367 Lomita Blvd. Lomita, CA 90717 / Tel: (310) 539-6660 Fax: (310) 539-4254

To be completed by a principal, officer, partner, shareholder or manager of the company.  
(Please attach audited financial statements or complete federal tax returns from the last two years)

**Property Address :** \_\_\_\_\_ **Interview by :** \_\_\_\_\_  
**Move-in Date :** \_\_\_\_\_ **Deposit :** \_\_\_\_\_ **Rent :** \_\_\_\_\_

### Company Information

Name of Company: \_\_\_\_\_  
Present Address : \_\_\_\_\_  
Telephone # : \_\_\_\_\_ Fax # : \_\_\_\_\_  
Web Site : \_\_\_\_\_ E-mail Address : \_\_\_\_\_  
State of Registration : \_\_\_\_\_ Date of Incorporation/Organization : \_\_\_\_\_ Tax I.D. # : \_\_\_\_\_

### Company Structure

Corporation<sup>1</sup> \_\_\_\_\_ / General Partnership<sup>2</sup> \_\_\_\_\_ / Limited Partnership<sup>2</sup> \_\_\_\_\_ / Limited Liability Partnership<sup>2</sup> \_\_\_\_\_  
Limited Liability Company<sup>3</sup> \_\_\_\_\_ / Sole Proprietorship<sup>4</sup> \_\_\_\_\_ / Other \_\_\_\_\_

### General Information

Who will sign the lease? Name : \_\_\_\_\_ Title : \_\_\_\_\_  
Type of Business : \_\_\_\_\_ Dun & Bradstreet # : \_\_\_\_\_  
Number of Employees : \_\_\_\_\_ Years in Business : \_\_\_\_\_  
Size of Current Office Space (Sq. Ft.) : \_\_\_\_\_ Current Rent Per Month \$ : \_\_\_\_\_

### Personal Information

Owner Name : \_\_\_\_\_ Home Phone : \_\_\_\_\_  
Address : \_\_\_\_\_  
State of Drivers License : \_\_\_\_\_ Drivers License : \_\_\_\_\_  
Social Security # : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

### Reference Information

Name of Present Landlord : \_\_\_\_\_ Contact : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone # : \_\_\_\_\_ Fax # : \_\_\_\_\_  
Number of Years at this Address : \_\_\_\_\_ Years \_\_\_\_\_ Months/May we Contact? Yes \_\_\_\_\_ No \_\_\_\_\_

### BANKS & FINANCIAL INSTITUTIONS (Please list all accounts)

1) Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Account # (s) : \_\_\_\_\_ Account Officer : \_\_\_\_\_  
Telephone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

<sup>1</sup>See Attachment "A"

<sup>3</sup>See Attachment "C"

<sup>2</sup>See Attachment "B"

<sup>4</sup>See Attachment "D"



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## BANKS & FINANCIAL INSTITUTIONS (Cont.)

2) Name : \_\_\_\_\_

Address : \_\_\_\_\_

Account # (s) : \_\_\_\_\_ Account Officer : \_\_\_\_\_

Telephone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

3) Name : \_\_\_\_\_

Address : \_\_\_\_\_

Account # (s) : \_\_\_\_\_ Account Officer : \_\_\_\_\_

Telephone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

## TRADE (List Three)

1) Company Name : \_\_\_\_\_ Name of Contact : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

2) Company Name : \_\_\_\_\_ Name of Contact : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

3) Company Name : \_\_\_\_\_ Name of Contact : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

## Legal

1. Has your Company or an affiliate (common shareholders, officers, partners, owners or directors) ever filed for or does intend to file for bankruptcy? If yes, please explain.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Is your Company or an affiliate, a defendant in any suits or legal action? If yes, please list each matter and monetary damages if applicable.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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3. Is your Company or an affiliate, have any outstanding judgments, contingent liabilities or tax liens over \$2,500? If yes, please list name of case, case number, and county/branch court where pending.

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Has your Company or an affiliate, ever defaulted on a previous office, industrial or retail lease? If yes? Please explain.

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Has your Company or an affiliate, ever defaulted on any loans, credit facilities, mortgages, etc. ? If yes, please explain.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Verification / Authorization

I certify that all information on this statement and any attachments hereto and upon any supplemental financial records that I will provide is true and correct under the penalty of perjury and that said information and records represents the current and continuing financial condition of the above business in a true, accurate and complete Manner to the best of my knowledge, information and belief. I authorize Landlord, its agents, affiliates, consultants and/or assigns, to investigate any and all sources of credit information and to seek information from credit bureaus and agencies as well as consumer reports covering any all involved individuals.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Printed Name : \_\_\_\_\_ Title : \_\_\_\_\_







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## (Attachment A)

### CORPORATION :

#### Officers :

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Title : \_\_\_\_\_

#### Directors :

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Title : \_\_\_\_\_

State of Registration : \_\_\_\_\_

Date of Incorporation : \_\_\_\_\_

Tax Identification # : \_\_\_\_\_

#### Authorized Representative :

\_\_\_\_\_

Phone : \_\_\_\_\_



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## (Attachment B)

### LIMITED LIABILITY COMPANY :

#### Owners / Members / Shareholders :

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Title : \_\_\_\_\_

#### Directors :

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Title : \_\_\_\_\_

State of Registration : \_\_\_\_\_

Date of Organization : \_\_\_\_\_

Tax Identification # : \_\_\_\_\_

#### Authorized Representative :

\_\_\_\_\_

Phone : \_\_\_\_\_



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## (Attachment C)

### PARTNERSHIP :

Partners :

Indicate type of Partnership (circle one)

Number of Partners in Firm : \_\_\_\_\_

General / Limited / Limited Liability

Are they all equal partners?: \_\_\_\_\_

If limited, who are the General Partners?

\_\_\_\_\_  
\_\_\_\_\_

Please state names, and if not equal partners, percentage of ownership below :

1. Name : \_\_\_\_\_ Percentage Ownership : \_\_\_\_\_

Address : \_\_\_\_\_

Social Security # : \_\_\_\_\_

2. Name : \_\_\_\_\_ Percentage Ownership : \_\_\_\_\_

Address : \_\_\_\_\_

Social Security # : \_\_\_\_\_

3. Name : \_\_\_\_\_ Percentage Ownership : \_\_\_\_\_

Address : \_\_\_\_\_

Social Security # : \_\_\_\_\_

4. Name : \_\_\_\_\_ Percentage Ownership : \_\_\_\_\_

Address : \_\_\_\_\_

Social Security # : \_\_\_\_\_

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State of Registration : \_\_\_\_\_ Date of Organization : \_\_\_\_\_ Tax I.D. Number : \_\_\_\_\_

Authorized Representative : \_\_\_\_\_ Phone Number : \_\_\_\_\_



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## (Attachment D)

### SOLE PROPRIETORSHIP :

Owner's Name : \_\_\_\_\_ Title : \_\_\_\_\_

Address : \_\_\_\_\_

Home Phone : (     ) \_\_\_\_\_ Business Phone : (     ) \_\_\_\_\_

Drivers License # : \_\_\_\_\_ State of Drivers License : \_\_\_\_\_

Social Security # : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

### Personal Banking Information :

1. Bank Name / Location : \_\_\_\_\_

Type of Account : \_\_\_\_\_

Account Officer Name : \_\_\_\_\_ Account # : \_\_\_\_\_

Phone # : \_\_\_\_\_ Balance : \_\_\_\_\_

2. Bank Name / Location : \_\_\_\_\_

Type of Account : \_\_\_\_\_

Account Officer Name : \_\_\_\_\_ Account # : \_\_\_\_\_

Phone # : \_\_\_\_\_ Balance : \_\_\_\_\_

3. Bank Name / Location : \_\_\_\_\_

Type of Account : \_\_\_\_\_

Account Officer Name : \_\_\_\_\_ Account # : \_\_\_\_\_

Phone # : \_\_\_\_\_ Balance : \_\_\_\_\_