



M CUBED PROPERTIES, INC.

Real Estate Sales & Management

1001 Garnet Avenue, Suite 210 • San Diego, CA 92109

(858) 272-9123 • bmaher@mcubedproperties.com

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## Commercial Lease Application

In addition to your completed application, please furnish the following:

- 1) Copy of each applicant's driver's license
- 2) Last year's tax return
- 3) Financial Statement
- 4) Profit & Loss Statement
- 5) Application fee of \$30 per person. Make check payable to M Cubed Properties, Inc.

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### COMMERCIAL LEASE APPLICATION

Please provide all of the information requested below. Incomplete information can delay the processing of your application.  
PLEASE PRINT CLEARLY.

#### OCCUPANT(S)

Company \_\_\_\_\_

Address (Main Office) \_\_\_\_\_

Number                      Street                      City                      State                      Zip

DBA \_\_\_\_\_       Sole Prop                       Partnership                       Corp.

Corp. No. \_\_\_\_\_      Year Established \_\_\_\_\_

Employer ID# \_\_\_\_\_      Number of Employees \_\_\_\_\_

Type of Business \_\_\_\_\_

Gross Annual Revenue \_\_\_\_\_

Contact Person \_\_\_\_\_      Title \_\_\_\_\_

Phone # (      )      Fax # (      )

#### COMMERCIAL RENTAL HISTORY (No Less Than Two Years)

Present Address \_\_\_\_\_

Number                      Street                      City                      State                      Zip

Rent \_\_\_\_\_ Own \_\_\_\_\_      Rental/Mortgage Amount Paid Monthly \_\_\_\_\_      From/To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Landlord Name/Mortgage Co. \_\_\_\_\_      Phone # (      )

Previous Address \_\_\_\_\_

Number                      Street                      City                      State                      Zip

Rent \_\_\_\_\_ Own \_\_\_\_\_      Rental/Mortgage Amount Paid Monthly \_\_\_\_\_      From/To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Landlord Name/Mortgage Co. \_\_\_\_\_      Phone # (      )

#### BANKING REFERENCE

Name \_\_\_\_\_      Phone # (      )

Address \_\_\_\_\_

Number                      Street                      City                      State                      Zip

Account # \_\_\_\_\_      Checking \_\_\_\_\_      Savings \_\_\_\_\_      Balance \_\_\_\_\_

#### OTHER INFORMATION

##### THE PRINCIPALS

1) \_\_\_\_\_      Title \_\_\_\_\_      Home Phone # (      )

Last                      First

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

Address \_\_\_\_\_

Number                      Street                      City                      State                      Zip



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**OTHER INFORMATION (continued)**

**THE PRINCIPALS**

2) \_\_\_\_\_ Title \_\_\_\_\_ Home Phone # ( \_\_\_\_\_ )  
Last First  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Number Street City State Zip

3) \_\_\_\_\_ Title \_\_\_\_\_ Home Phone # ( \_\_\_\_\_ )  
Last First  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Number Street City State Zip

**CREDIT REFERENCES**

1) Company \_\_\_\_\_ Phone # ( \_\_\_\_\_ )  
Address \_\_\_\_\_  
Number Street City State Zip  
Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

2) Company \_\_\_\_\_ Phone # ( \_\_\_\_\_ )  
Address \_\_\_\_\_  
Number Street City State Zip  
Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

3) Company \_\_\_\_\_ Phone # ( \_\_\_\_\_ )  
Address \_\_\_\_\_  
Number Street City State Zip  
Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

**AUTHORIZATION**

Contemporary Information Corporation or any firm acting on its behalf is hereby granted permission to perform a credit check on our company and/or credit and criminal background check on its principals.

1) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
By \_\_\_\_\_ TITLE \_\_\_\_\_  
2) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
By \_\_\_\_\_ TITLE \_\_\_\_\_  
3) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
By \_\_\_\_\_ TITLE \_\_\_\_\_

**FOR OFFICE USE ONLY**

NOTE: Advise the applicant to authorize banks, landlords, and credit references to release all relevant information to Contemporary Information Corporation.

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Move in Date \_\_\_\_\_ Unit # \_\_\_\_\_ Unit Type \_\_\_\_\_ Rent \$ \_\_\_\_\_

Advise Applicants \_\_\_\_\_

Not Accepted: Reason \_\_\_\_\_