# APPLICANT INFORMATION

Douglas E. Wells - DRE# 00915372

# Penta Pacific Properties - DRE# 00346517

#  *Please email to: doug@pentapacific.com*

Name:

 Last Middle First

Current Address:

 Street City State Zip

E-Mail Address:

Home Phone #: Business Phone #:

Birthdate: Social Security #:

# Driver's License #: State:

**NOTICE TO CONSUMER**

***(PLEASE COMPLETE THOROUGHLY*, *COMPLETELY, AND LEGIBLY)***

Thank you for seeking a rental or leasing relationship with our company: PENTA PACIFIC PROPERTIES - BRE #00346517

In compliance with State and Federal laws, we are hereby notifying you that a CONSUMER REPORT, and/or INVESTIGATIVE CONSUMER REPORT may be obtained for use in evaluating our decision to accept your personal guarantee for the rental or lease of our property.

Inquiries may be made in considering your application, and the ensuing report may contain public/semi-public or private information, identification information, credit information, or other information, which could adversely affect your potential for an association with us. The report will only be obtained, according to your written instruction(s), below.

You have the right to make a direct written request to obtain copies of any reports, which may have been provided by one, or more of the following Consumer Reporting Agencies, which may have contributed to the compilation of the Consumer Report, and/or Investigative Consumer Report:

1. EXPERIAN (Formerly TRW - www.experian.com) 3. EQUIFAX (www.equifax.com)

 701 Experian Pkwy P.O. Box 740241

 Dallas, TX 75013; or call: Atlanta, GA 30374-0241; or call

 1-888-397-3742 1-800-685-1111

2. TRANSUNION (www.transunion.com) 4. APSCREEN Consumer Relations

 2 Baldwin Place P.O. Box 1355

 Chester, PA 19022; or call: Newport Beach, CA 92663; or call

 1-800-916-8800 1-800-637-0223

**AGREEMENT AND CONSENT**

*I have read this form completely* and *I authorize you to obtain* a Consumer Report, or Investigative Consumer Report, per the outline of available information, above. **I also (by photocopy of this form) authorize Consumer Reporting Agencies,** related or unrelated firms and/or persons to release information in response to these inquiries, and release same from any and all liability in responding to such inquiries. I understand that I am authorizing this request in accordance with my rights under the Fair Credit Reporting Act, the Fair and Accurate Credit Transactions Act, and the Gramm-Leach-Bliley Act.

Signed: Date:

Full Name (Printed):

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**INITIAL APPROPRIATE BOX**

Notwithstanding whether or not the Parties ultimately enter into a Lease of the Premises, they acknowledge and consent that the following real estate brokerage relationship(s) exist(s):

 Broker represents both Lessor and Lessee (“Dual Agency”)

 Broker represents Lessee exclusively and shall not be considered the sub-agent and/or representative of Lessor’s Broker (“Lessee’s Broker”)

 Broker represents Lessor exclusively and shall not be considered the sub-agent and/or representative of Lessee’s broker (“Lessor’s Broker”)

Business Name:

Business Phone #: Business Fax #:

Unit applying for:

Proposed use of Premises:

Type of company : Sole Proprietorship Partnership Corporation

Years in Business: Years at Current Location: Current Facility Size:

Current Rent: Number of Employees:

Will any Hazardous Materials be Stored or Used on the Premises? Yes [ ]  No [ ]

***If yes, please attach list (i.e., MSDS sheets).***

**IF CORPORATION**

State where incorporated: Date of Incorporation:

Please give complete information for all officers/partners/owners. Financials may be required

1) Full Name: Title:

 Home Address:

 Home Phone Number: Federal Tax I.D. #:

 Social Security #: Percent Equity:

2) Full Name: Title:

 Home Address:

 Home Phone Number: Federal Tax I.D. #:

 Social Security #: Percent Equity:

**INSURANCE:** Please note that the lease requires liability insurance be carried in the amount of $1,000,000.00 and that the Landlord and the Property Manager be named as additional insured parties.

Insurance Company:

Agent's Name: Agent's #:

Does your company have a financial statement for last year? Is it attached?

Have you ever filed bankruptcy? What State? What year?

**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