

**PROSPECTIVE LESSEE QUESTIONNAIRE
AND REQUEST FOR FINANCIALS**

[Entity Tenant Financial Application]

Olivieri Commercial Group, Inc.

9810 Brimhall Road, Bakersfield, CA 93312 • (661) 327.1200ph • (661) 327.1221fx

Please complete IN FULL and submit to:

**Olivieri Commercial Group, Inc.
9810 Brimhall Road
Bakersfield, CA 93312
Phone: 661-327-1200
Fax: 661-327-1221**

Please do not leave any questions unanswered. This form does not obligate either party to the performance of a contract for leasehold property. It is solely for information and does not constitute an offer to lease property or any negotiation for such purpose.

APPLICANT #1

APPLICANT #2

Name_____	Name_____
Home Phone_____	Home Phone_____
Mobile_____	Mobile_____
Email_____	Email_____
Date of Birth_____ Marital Status_____	Date of Birth_____
Social Security No._____	Social Security No._____
Present Address_____	Present Address_____
City, State, Zip_____	City, State, Zip_____
No. of Years_____ Own_____ Rent_____	No. of Years_____ Own_____ Rent_____
(if less than 2 years at present address)	(if less than 2 years at present address)
Former Address_____	Former Address_____
City, State, Zip_____	City, State, Zip_____
Driver's License No. _____ (attach copy)	Driver's License No. _____ (attach copy)

APPLICANT #1 - EMPLOYMENT INFORMATION

APPLICANT #2 - EMPLOYMENT INFORMATION

Name of Employer_____	Name of Employer_____
Employer Address_____	Employer Address_____
City, State, Zip_____	City, State, Zip_____
Type of Business_____	Type of Business_____
Position or Title_____	Position or Title_____
Years Employed_____	Years Employed_____
Work Phone_____	Work Phone_____

Proposed Business Information

Whose name will the lease be under? _____

Is the proposed business individually owned, a corporation, a partnership? _____

If a partnership, list names of all partners: _____

If a corporation, list state of incorporation and federal I.D.# _____

What kind of business do you propose to operate in the space? _____

Is the proposed business a start-up or existing business? _____

If existing, relocation? _____ Multiple? _____ # of Stores _____

Have you operated a similar business in the past? _____

How will you operate your new business at the proposed location? Who will manage? How many employees will you have? _____

Describe your anticipated start-up operating expenses and list amount:

Tenant Improvements \$ _____

Inventory \$ _____

Equipment \$ _____

Payroll \$ _____

Insurance \$ _____

Advertising \$ _____

Other \$ _____

TOTAL START-UP EXPENSES \$ _____

How will you pay for your start-up expenses (cash, business loan, etc.)?

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As part of Landlord's review of prospective tenants, we require the following information.

COMPANY INFORMATION:

Name of Company: _____

d.b.a.: _____

Present Address:

Name of Parent: *(if applicable)*

Present Phone #: () _____ - _____

Present Fax #: () _____ - _____

COMPANY STRUCTURE (circle one):

Corporation
(Please also complete Attachment A)

Partnership
(Please also complete Attachment C)

Limited Liability Corporation
(Please also complete Attachment B)

Sole Proprietorship
(Please also complete Attachment D & Personal Financial Statement)

Who will sign the lease?

Name:

Title:

Type of Business: _____

Dunn & Bradstreet #: _____

Number of Employees: _____

Size of Current Office Space: _____ **Sq. Ft.**

Years in Business: _____

Current Rent: _____

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- 1. Has your company or an affiliate (*common shareholders, officers, partners, owners, or directors*) ever filed for intend to file for bankruptcy? Explain:**

- 2. Is your company or an affiliate a defendant in any suits or legal action? Explain:**

- 3. Does your company or an affiliate have any outstanding tax liens, judgements, or contingent liabilities of a significant nature? Explain:**

- 4. Has your company or an affiliated company ever defaulted on a previous office, industrial, or retail lease? Explain:**

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5. Has this company changed its name or merged within the last 5 years? Explain:

6. Have any of the officers, directors, or shareholders managed or owned an enterprise performing similar tasks or to similar customers within the last 5 years? Explain:

REFERENCE INFORMATION:

Present Landlord or Managing Agent:

Name: _____

of Years at this address: _____

Address: _____

May we contact them?: _____

City: _____ **State:** ____ **Zip:** _____

Contact: _____

Phone: () _____ - _____

Previous Location:

Name: _____

of Years at this address: _____

Address: _____

May we contact them?: _____

City: _____ **State:** ____ **Zip:** _____

Contact: _____

Phone: () _____ - _____

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Please list three credit/trade references:

Name of Creditor:

Name: _____

Contact: _____

Address: _____

Phone: () _____ - _____

City: _____ **State:** ____ **Zip:** _____

Name of Creditor:

Name: _____

Contact: _____

Address: _____

Phone: () _____ - _____

City: _____ **State:** ____ **Zip:** _____

Name of Creditor:

Name: _____

Contact: _____

Address: _____

Phone: () _____ - _____

City: _____ **State:** ____ **Zip:** _____

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Banks: (Business Accounts)

Bank Name: _____

Address: _____

Account Name: _____

Account Number: _____ **Account Officer:** _____

Phone: () _____ - _____ **Fax:** () _____ - _____

Bank Name: _____

Address: _____

Account Name: _____

Account Number: _____ **Account Officer:** _____

Phone: () _____ - _____ **Fax:** () _____ - _____

I certify that all information on this statement and any attachments hereto 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 Olivieri Commercial Group to investigate any and all sources of credit information and to seek information from credit bureaus and agencies.

Printed Name: _____

Signature: _____

Title: _____

Date: _____

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Credit Application
(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 Incorporation: _____

Tax Identification #: _____

Authorized Representative: _____

Phone: () _____ - _____

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(Attachment C)

PARTNERSHIP:

Partners:

Number of Partners in Firm: _____

Indicate type of Partnership (circle one):

they all equal partners? _____

General / Limited / Limited Liability Are

If limited who are the General Partners?

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

1. Name: _____ **Percentage of Ownership:** _____

Address: _____

Social Security #: _____

2. Name: _____ **Percentage of Ownership:** _____

Address: _____

Social Security #: _____

3. Name: _____ **Percentage of Ownership:** _____

Address: _____

Social Security #: _____

4. Name: _____ **Percentage of Ownership:** _____

Address: _____

Social Security #: _____

State of Registration: _____ **Tax ID Number:** _____

Date of Organization: _____ **Phone:** () _____ - _____

Authorized Representative: _____

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(Attachment D)

SOLE PROPRIETORSHIP

Owners/Members:

Owner's Name: _____ **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 Number:** _____
Phone: () _____ - _____ **Balance:** _____

2. **Bank Name/Location:** _____
Type of Account: _____
Account Officer Name: _____ **Account Number:** _____
Phone: () _____ - _____ **Balance:** _____

3. **Bank Name/Location:** _____
Type of Account: _____
Account Officer Name: _____ **Account Number:** _____
Phone: () _____ - _____ **Balance:** _____

[SAMPLE LETTER TO BE PREPARED BY TENANT]

Olivieri Commercial Group
9810 Brimhall Road
Bakersfield, CA 93311

Ladies and Gentlemen:

This letter is being written in connection with the proposed leasing of the Subject Premises by _____ (the "Prospective Tenant"). You have informed the undersigned that one of the conditions to the execution by the landlord of the Subject Premises of a lease to the Prospective Tenant is the receipt of a satisfactory credit report on the undersigned.

This letter will constitute the written instructions and authorization of the undersigned to obtain a consumer report on the undersigned from a consumer reporting agency. This letter is being executed so that you may send a copy of it to the consumer reporting agency as evidence of compliance with the Fair Credit Reporting Act.

Sincerely,

(Prospective Tenant)

Name: _____

Title: _____

DECLARATION

The undersigned declare that this information is true and correct to the best of their knowledge. Each of the undersigned hereby authorizes the Landlord and/or Owner, Olivieri Commercial Group, Inc. and its agents to review their credit history and to contact any and all references listed above (and any other sources deemed appropriate by management) for additional credit information.

The undersigned understand that additional information may be required which could include, but is not limited to, balance sheets and income statements, proformas, tax returns and business plans.

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____