

BIANCHI ESTATES, LLC

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LEASE APPLICATION

PERSONAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	GENERATION
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE OF ISSUE
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	
<input type="checkbox"/> PLEASE INDICATE <input type="checkbox"/> RENT <input type="checkbox"/> OWN	(IF RENT) LANDLORD NAME	LANDLORD PHONE NUMBER	DATE MOVED IN

BUSINESS INFORMATION

BUSINESS NAME	BUSINESS CLASSIFICATION	BUSINESS DESCRIPTION	BUSINESS ESTABLISHED <input type="checkbox"/> 0-5 YEARS <input type="checkbox"/> 6+ YEARS
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
TAX ID NUMBER	(IF NOT YOU) OWNER NAME	OWNER PHONE NUMBER	OWNER EXTENSION

OTHER EMPLOYMENT

NAME OF COMPANY	TYPE OF INDUSTRY	YOUR TITLE	EMPLOYMENT LENGTH <input type="checkbox"/> 0-5 YEARS <input type="checkbox"/> 6+ YEARS
MAILING ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR NAME	SUPERVISOR TITLE	SUPERVISOR PHONE NUMBER	SUPERVISOR EXTENSION

PERSONAL REFERENCES

NAME	RELATIONSHIP	PHONE NUMBER	TIME KNOWN
NAME	RELATIONSHIP	PHONE NUMBER	TIME KNOWN
NAME	RELATIONSHIP	PHONE NUMBER	TIME KNOWN

HAZARDOUS MATERIALS

PLEASE EXPLAIN THE NATURE OF BUSINESS OR MANUFACTURING PROCESS TO BE CONDUCTED IN THE WAREHOUSE:

WILL THE BUSINESS HANDLE, STORE, OR USE IN PROCESS / TRANSPORTATION ANY KIND OF HAZARDOUS MATERIALS?

YES NO IF YES, PLEASE LIST ALL HAZARDOUS MATERIALS THAT WILL BE HANDLED / STORED ON-SITE:

WILL THE BUSINESS OPERATION OR ANY MATERIALS HANDLED / STORED HAVE THE POTENTIAL TO PRODUCE DUST, ODORS, SMOKE, VAPORS OR OTHER VOLATILE SMELLS? YES NO

NOTE: IF THERE ARE ANY QUESTIONS FROM THE APPLICANT IN REGARDS TO HAZARDOUS WASTE USE OR AIR QUALITY, PLEASE CHECK WITH THE LOCAL FIRE DEPARTMENT AND/OR THE COUNTY AIR POLLUTION CONTROL DISTRICT.

AUTOMOBILE INFORMATION (Required)

PLATE NUMBER	MAKE	MODEL	YEAR
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CREDIT HISTORY

HAVE YOU EVER FILED FOR BANKRUPTCY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN _____
HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN _____
HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN _____
IS YOUR INCOME CURRENTLY BEING GARNISHED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN _____

THE UNDERSIGNED SUBMITS APPLICATION TO RENT COMMERCIAL SPACE KNOWN AS:

SUITE # _____ LOCATED AT _____

By my signature below, I swear that all answers provided are true and correct to the best of my knowledge. I hereby authorize verification of this information, by means including but not limited to the obtaining of a Credit Report (including consumer credit reports on any individual who is an applicant or proposed guarantor), employment verification, investigation inquiries, and by obtaining eviction history and criminal records. I agree to furnish additional information upon request and agree to pay Lessor the costs incurred by Lessor in obtaining any of the above referenced reports or such additional information. Furthermore, I acknowledge that the submission of this application and/or its non-refundable fees does not guarantee approval to lease the warehouse space.

DATE

SIGNER AND TITLE