THE PHILIPPINE CENTER MANAGEMENT BOARD, INC.

PHILIPPINE CENTER BUILDING
445-447 SUTTER STREET
SAN FRANCISCO, CALIFORNIA 94108
TEL: (415) 982-6153
FAX: (415) 982-1232

COMMERCIAL LEASE APPLICATION

Business Name: _____

DBA _____

Business License / Incorporation Number: _____ (Provide copy of business license and certificate.)
Please check one and provide the corresponding documents:

☐ **Corporation** – Provide: (a) Articles of Incorporation; (b) Two-Year Annual Report; (c) Corporate Tax Return; (d) Identification Card / Driver's License of Officers and Directors; (e) Credit Score/Report of Persons Entering into Contract*
State of Incorporation _____

☐ **Partnership** – Provide: (a) Partnership Agreement; (b) Individual Partner's Current Personal Financial Statement; (c) Two-Year Personal Tax Returns; (d) Identification Card / Driver's License; (e) Credit Score/Report of Both Partners*
State of Partnership Formation _____

☐ **Individual** – Provide: (a) Personal Balance Sheet; (b) Two-Year Personal Tax Returns; (c) Identification Card / Driver's License; (d) Credit Score/Report of Person Entering into Contract* *(*PCMB to conduct cross credit check)*

Name of Persons Entering into Contract: (Please use additional sheet if needed)

Person 1 (Last, First, Middle) _____, _____ _____

Title _____ Phone _____ Email _____

Driver's License No. _____ State of Issuance _____

Social Security Number _____ Date of Birth (mm/dd/yy) _____

Home Address: No. and Street _____ Suite No./Apt. No._____

City _____ State _____ Zip Code _____

Civil Status _____ Name of Spouse _____

Person 2 (Last, First, Middle) _____, _____ _____

Title _____ Phone _____ Email _____

Driver's License No. _____ State of Issuance _____

Social Security Number _____ Date of Birth (mm/dd/yy) _____

Home Address: No. and Street _____ Suite No./Apt. No._____

City _____ State _____ Zip Code _____

Civil Status _____ Name of Spouse _____

Current or Previous Business/Office Address: (Do not use P.O. Box)

No. and Street _____ Suite No._____

City _____ State _____ Zip Code _____

Name of Current or Previous Commercial Landlord _____

Telephone _____ Fax _____ Email _____

Years at this Location _____ Reason for Leaving _____

Can we contact your previous landlord? ☐Yes ☐No. If no, please explain_____

Other Business Locations** _____

***Please use additional sheet if necessary.*

(Continued on Page 2)

Credit References:

(1) Name: _____

Address (No. and Street) _____ Suite/Apt. No._____

City _____ State _____ Zip Code _____

Telephone Number: _____ Fax: _____ Email: _____

(2) Name: _____

Address (No. and Street) _____ Suite/Apt. No._____

City _____ State _____ Zip Code _____

Telephone Number: _____ Fax: _____ Email: _____

Bank References:

Bank Name	Type of Account	Account Number	City
_____	_____	_____	_____
_____	_____	_____	_____

Detailed Description of Proposed/Intended Use of Premises:

_____

_____

_____

Please list all hazardous substances, if any, that will be on the premises and the approximate amounts:

_____

_____

_____

Conditions and Information

This lease application must be signed by all persons who will sign the lease agreement. Completing this form does not commit the prospective Tenant or Landlord to a tenancy. This application will be approved or rejected usually within (5) working days upon receipt of Landlord. There is no obligation of Landlord to notify Tenant unless the application is approved. If the application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins. Landlord will handle all information obtained in strictest confidence and in accordance with the law.

☐ By checking this box and signing below, you agree that the information disclosed by you is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease. You likewise authorize verification of the above references including, but not limited to, the obtaining of a credit report, credit information and furnish additional credit references, as well as employers, banks, referees, guarantors upon request.

By: _____ By: _____

Applicant's Signature Applicant's Signature

_____ _____

Printed Name and Date Printed Name and Date

(Please do not write below this line.)

FOR PCMB'S USE ONLY:

Proposed Suite Number: _____ □ Approved: _____

Total Area: _____ App. $_____ / sq.ft. □ Disapproved: _____

Monthly Rent: _____ Remarks: _____

Start of Lease: _____ _____

End of Lease: _____ _____