



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 INFORMATION

Please provide a copy of the business license and certificate.

Business Name

DBA (if applicable)

Business License / Incorporation No.

Business Name (as it appears on lease)

Address

Business Phone Number

Business Email

Corporate Tax ID Number

Years in Business

BUSINESS ENTITY TYPE

Select one and provide the corresponding documents listed below. An asterisk (*) indicates PCMB will conduct a cross credit check.

☐ **Corporation**

State of Incorporation

Provide: Articles of Incorporation; Two-Year Annual Report; Corporate Tax Return; Identification Card / Driver's License of Officers and Directors; Credit Score / Report of Persons Entering into Contract.*

☐ **Partnership**

State of Partnership Formation

Provide: Partnership Agreement; Individual Partner's Current Personal Financial Statement; Two-Year Personal Tax Returns; Identification Card / Driver's License; Credit Score / Report of Both Partners.*

☐ **Individual**

Provide: Personal Balance Sheet; Two-Year Personal Tax Returns; Identification Card / Driver's License; Credit Score / Report of Person Entering into Contract.*

PERSONS ENTERING INTO CONTRACT

This application must be signed by every person who will sign the lease agreement.

Person 1

Use an additional sheet if more than two persons are entering into the contract.

Last Name

First Name

Middle Name

Title / Position

Phone

Email

Driver's License No.

State of Issuance

Date of Birth (mm/dd/yy)



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Social Security Number

Civil Status

Name of Spouse (if applicable)

Home Address — No. and Street

Suite / Apt. No.

City

State

Zip Code

Person 2

Use an additional sheet if more than two persons are entering into the contract.

Last Name

First Name

Middle Name

Title / Position

Phone

Email

Driver's License No.

State of Issuance

Date of Birth (mm/dd/yy)

Social Security Number

Civil Status

Name of Spouse (if applicable)

Home Address — No. and Street

Suite / Apt. No.

City

State

Zip Code

CURRENT OR PREVIOUS BUSINESS / OFFICE ADDRESS

Do not use a 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

May we contact your previous landlord?

☐ Yes

☐ No

If no, please explain

Other Business Locations (use an additional sheet if necessary)



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BANK REFERENCES

Bank Name	Type of Account	Account Number	City

USE OF PREMISES

Detailed Description of Proposed / Intended Use of Premises

Hazardous Substances on Premises and Approximate Amounts (write "None" if not applicable)

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 usually be approved or rejected within five (5) working days of receipt by Landlord. Landlord is under no obligation to notify Tenant unless the application is approved. If 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.

CERTIFICATION

☐ By checking this box and signing below, you agree that the information you have disclosed is true, complete, and accurate to the best of your knowledge, and that it is material to the potential Lessor's decision whether to grant or deny your application to enter into a lease. You further authorize verification of the above references, including obtaining a credit report and credit information, and furnishing additional credit references, employers, banks, referees, and guarantors upon request.

APPLICANT SIGNATURES

A typed name is not a substitute for a signature; sign using your PDF reader's signature tool, or print this form and sign by hand.

Applicant 1

Signature	Printed Name	Date

Applicant 2

Signature	Printed Name	Date



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COMMERCIAL LEASE APPLICATION

FOR PCMB USE ONLY

Proposed Suite Number

Total Area (sq. ft.)

Rate (\$ / sq. ft.)

Monthly Rent

Start of Lease

End of Lease

☐ Approved

☐ Disapproved

Authorized Signature

Date

Remarks

Please Return Completed Form To:

Philippine Center, 447 Sutter Street, Suite 518, San Francisco, CA 94108

or email to pcmb@philippinecentersanfrancisco.com