

# POLO PLAZA

3790 Via De La Valle, Del Mar, CA 92014  
(858) 792-6600 Fax: (858) 792-6384

## TENANT APPLICATION

Each section must be completed legibly in order for this application to be processed. This Application must accompany a \$35.00 application fee, cash or cashier's check only, payable to Polo Plaza, LLC. A valid photo I.D. is required.

***Please print legibly in blue or black ink.***

BUILDING TENANT INFORMATION		
Date:		
Suite of Interest:		
Phone:	Valid E-mail:	
Desired Date of Occupancy:		
Company Name:		
DBA:		
Principal Occupant(s) of Office:		
NAME OF APPLICANT/PARTNERS/OWNERS		
<b>Credit Applicant (Lessee) Name:</b>		
Address (No Po Box):		
City:	State:	Zip Code:
Telephone:	Date of Birth:	
Driver's License:	Social Security:	
Name:		
Address (No Po Box):		
City:	State:	Zip Code:
Telephone:	Date of Birth:	
Driver's License:	Social Security:	
Name:		
Address (No Po Box):		
City:	State:	Zip Code:
Telephone:	Date of Birth:	
Driver's License:	Social Security:	
BANKING INFORMATION		
Bank Name:		
Bank Address:	Phone:	
City:	State:	Zip Code:
Type of account	Account number:	
Savings		
Checking		

LOCAL BUSINESS/TRADE REFERENCES (Within Last two years beginning with most current)		
Company name:		Relationship/Length of Time:
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Type of account:		Person to Contact:
Company name:		Relationship/Length of Time:
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Type of account:		Person to Contact:
Company name:		Relationship/Length of Time:
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Type of account:		Person to Contact:
PREVIOUS BUSINESS OFFICES (Within Last two years beginning with most current)		
Landlord/Company name:		
Dates of Tenancy:		
Address:		
City:	State:	Zip Code:
Phone:		
Landlord/Company name:		
Dates of Tenancy:		
Address:		
City:	State:	Zip Code:
Phone:		
Landlord/Company name:		
Dates of Tenancy:		
Address:		
City:	State:	Zip Code:
Phone:		
INFORMATION FOR THE RECEPTIONIST		
Suite Number:		Telephone:
How do you wish your phone answered?		
Name of Relative or person to contact in case of emergency:		
Name:		Telephone:

I hereby certify that all statements in this application for leasing space are true and complete and are made for the purpose of obtaining credit. I authorize you to obtain such information as you may require concerning the statements herein, and agree this application shall remain your property.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)