



## CREDIT APPLICATION FOR COMMERCIAL LEASE

[ 1. Complete Form on Website 2. Print Form 3. Fax or Mail to Diablo Holdings (See Below) ]

### Diablo Holdings, Ltd.

P.O. Box 680 Alamo, CA 94507

Property Management Company

www.DiabloHoldings.com

Office Phone: (925) 837-3665

Office Fax: (925)837-0688

**PROPERTY ADDRESS:** \_\_\_\_\_ **SUITE#** \_\_\_\_\_

### Need One Application for Each Owner (Except Corporation)

<b>BUSINESS NAME:</b>		<b>TYPE OF BUSINESS ENTITY</b>
<b>BUSINESS OWNER # 1 NAME:</b>		Sole Proprietor <input type="checkbox"/>
<b>BUSINESS OWNER # 2 NAME:</b>		Partnership <input type="checkbox"/>
<b>BUSINESS OWNER # 3 NAME:</b>		LLC <input type="checkbox"/>
		Corporation <input type="checkbox"/>
<b>YEAR BUSINESS STARTED:</b>	<b>TIN:</b>	Specify if Other <input type="checkbox"/>

### BUSINESS ADDRESSES – List All Business Addresses for Past 5 Years. Start with Present

STREET ADDRESS	CITY	STATE	ZIP CODE	LANDLORD'S NAME & PHONE NUMBER	DATE IN/OUT	MONTHLY RENT

### PERSONAL DATA - BUSINESS OWNER #1 Business Owner #2 & #3 (If Applicable) to Complete Separate Application

<b>FULL NAME:</b> FIRST – MIDDLE – LAST	SOCIAL SECURITY NUMBER	DRIVERS LICENSE	STATE
( ) _____ Home Phone	( ) _____ Cell Phone	( ) _____ Work Phone	BIRTH DATE (MO/DA/YEAR) _____ EMAIL ADDRESS _____

### RESIDENCE ADDRESS - BUSINESS OWNER #1 (OWN RENT )

STREET ADDRESS	CITY	STATE	ZIP	DATE IN/OUT	\$ RENT/MTG	MORTGAGOR/LANDLORD

### EMPLOYMENT HISTORY - BUSINESS OWNER #1 - List All Employers for Past 5 Years. Start with Present

COMPANY NAME	COMPANY ADDRESS	SUPERVISOR NAME & PHONE NUMBER	INDICATE DATES	MONTHLY INCOME

