

Lease Application Instructions

Dear Prospect:

Attached are the Tenant Information Sheet, Credit Authorization (Consumer Release Form) and Standard Financial Worksheet. Please have these documents completed and returned with the following for the individual(s) that will be party to the Lease agreement:

- A copy of the Driver's License or other valid photo ID
- Social Security Card (Necessary to avoid identity theft)
- 3 months most current personal bank statements
- \$50.00 non-refundable application fee for each prospective lease signer (You can pay over the phone, just contact anyone in our Accounting Department at 702-878-1903.

If your business has already been in operation then please also submit the following:

- Business entity details
- **Business Resume (shows business history)**
- Business financials including:
 - Bank statements or CPA Financials
 - Profit and Loss report
 - Gross Sales (if applicable).

Please submit your Letter of Intent along with this application to leasing@beckerlv.com.

Once the information is returned to my office, a credit report will be processed and a file will be made. The file will be reviewed by our landlord. You will be contacted once Landlord provides feedback.

If all meets Landlord/Ownership approval and an agreement has been made, I will draft the Lease Agreement for review and approval by Landlord/Ownership.

Beware that Landlord makes no reservation on the authorized business use. Prospect/Tenant is solely responsible for ensuring the proper licensing, permits, Certificate of Occupancy and all other documents necessary to open for business will be obtained.

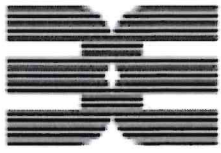
Should you have any questions, please do not hesitate in emailing me at leasing@beckerlv.com.

Best Regards,
Becker Enterprises, LLC

Elizabeth Savé
Leasing Manager

Enclosures

*****ALL SECTIONS ARE REQUIRED – DO NOT LEAVE ANY SECTION BLANK****



**BECKER
ENTERPRISES**

TENANT INFORMATION SHEET

PROPERTY ADDRESS: _____

APPLICANT'S NAME: _____

PHONE NO.: _____ ALT. PHONE NO.: _____

APPLICANT'S EMAIL: _____

APPLICANTS HOME ADDRESS: _____

SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____

(Need copy of Driver's License for File)

TENANT: CORPORATION _____ L.L.C. _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____
(STATE)

TENANT NAME: _____ TAX ID: _____

***** MAILING ADDRESS *****

LIST NAMES, TITLES, ADDRESSES, PHONE NUMBERS & SS # OF OWNERS:

Name	Title	Address and Phone	Social Security No.
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Name	Title	Address and Phone	Social Security No.
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Name	Title	Address and Phone	Social Security No.
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REQUIRED SIGNATURES: _____

NAME OF BUSINESS (DBA): _____

TYPE OF BUSINESS AND DESCRIPTION: _____

COMMENCEMENT DATE: _____

INITIAL TERM (YEARS) ___ # OF OPTIONS: _____ YEARS EACH _____

EMERGENCY CONTACT NAME: _____ NUMBER: _____

ALTERNATE EMERGENCY CONTACT: _____ NUMBER: _____

CONFIDENTIAL FINANCIAL STATEMENT

NAME _____
 ADDRESS _____
 CHARACTER OF BUSINESS _____

For the purposes of obtaining credit from you from time to time, I submit the following statement of my financial condition as of _____, 20__.

ASSETS		
Cash on hand - \$	First National Bank-\$	In other banks-\$
Notes Receivable-Mortgages-Loans-\$	Other-\$	
Accounts Receivable		
Stocks and Bonds (See Reverse)		
Cash Loan Value-Life Insurance		
Real Estate (See Reverse) Homestead-\$	Other-\$	
Personal Property (Autos, Furniture, etc.)		
Other Assets (See Reverse)		
TOTAL ASSETS:		

LIABILITIES		
Notes Payable to Banks		
Notes Payable to Others-Describe		
Real Estate Mortgages		
Taxes-Describe		
Accounts Payable		
Other Liabilities (See Reverse)		
TOTAL LIABILITIES:		

NET WORTH

SOURCES OF INCOME		PERSONAL INFORMATION	
Salary	\$	Have you received a will?	If so,
Bonus and Commissions	\$	Name of Executor	
Dividends	\$	Are you a partner in any firm?	
Rental Income	\$	Amount of Life Insurance Carried?-\$	
<small>Amount, shall support or support and otherwise interest shall not be revealed if you do not wish to have it introduced as a basis for obtaining credit.</small>		Beneficiary?	
Other Income-Itemize	\$		
TOTAL	\$		

CONTINGENT LIABILITIES		GENERAL INFORMATION	
As endorser, co-maker or guarantor	\$	Are any assets pledged?	See schedule.
On Leases or Contracts	\$	Are you a defendant in any suits or legal actions?	
Legal Claims	\$	Have you ever taken bankruptcy?	If yes, Explain.
Other Special Debt	\$		

(COMPLETE SCHEDULE ON REVERSE SIDE)

If the space provided below is not sufficient, additional schedules may be attached

SCHEDULE OF REAL ESTATE OWNED

Description of Property and Improvements	Date Acquired	Title in Name of	Cost	Market Value	Mortgages	
					Amount	Maturity
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

LIST OF STOCKS AND BONDS OWNED

Name and Description	In Name of	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

OTHER ASSETS

Description	Value
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

OTHER LIABILITIES

Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

SCHEDULE OF ASSETS PLEDGED

Description	Value	To Whom Pledged
	\$	
	\$	
	\$	
	\$	
	\$	

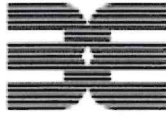
The foregoing has been carefully read by me and is made for the purpose of obtaining credit from time to time in whatever form. I hereby certify it is a true and correct exhibit of my financial condition and may be treated by you as a continuing statement thereof until replaced by a new statement or until I specifically notify you of change therein. In consideration of such credit which you may advance me, I agree that if at any time the statement shall prove incorrect in your judgment, as a statement of my own condition, or if at any time by reason of insolvency, you, or herein direct, indirect, contingent or fixed shall immediately stand due and payable without demand upon or notice to exceed any money or other property owned by me and in your possession in whatever capacity may in your discretion be held and without prior notice to me, sold and/or applied by you against any of such obligations as you

Witness my hand and seal, this _____ day of _____, 20____

WITNESS:

Name: _____
 Name: _____

[Seal]



B E C K E R
E N T E R P R I S E S

CONSUMER RELEASE FORM

Date: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Social Security Number: _____

Date of Birth: _____ (Date of Birth is requested in order to obtain accurate retrieval of records).

Drivers License #: _____

Applicant E-Mail Address: _____

In connection with a request made by me, I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my credit, criminal, driving, civil, and other records and experiences, including claims involving me in the files of insurance companies, if any. These reports may also include information on education, employment experience, work habits, mode of living, general reputation, character, along with reasons for termination of employment from previous employers, if any, as well as previous salary(ies). I agree that Becker Enterprises has the right to obtain any and all reports, at any time, during my business association with them.

WITHOUT RESERVATION, I authorize any party or agency contacted to furnish the above-mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to any potential employer obtaining such information in an original, fax, email or copy form.

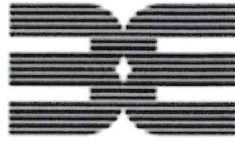
I, my heirs, personal representatives, successors and assigns, hereby release and hold harmless Argus-Search Inc. and Becker Enterprises L.L.C., any and all of their employees, agents, directors, managers or commissioners from any and all liability, claims, claims bills or relief acts or legislative petitions, damages, both compensatory and punitive, costs and attorney's fees, whether arising at law or in equity, which may at any time arise out of the retrieval, distribution, storage or use of my background information for determination of my fitness as determined by Becker Enterprises L.L.C. staff to maintain my business association with.

I have the right to make a request to Argus-Search, Inc., upon proper identification and payment of any authorized fees, the information in its files on me at the time of my request. Argus-Search, Inc. does hereby agree to provide the requested information in accordance with the Fair Credit Reporting Act and submit a written report via U.S. Mail, e-mail, or fax.

By signing below, I acknowledge that I have read and understand this Authorization and Release form.

Signature: X _____

Date: _____



**BECKER
ENTERPRISES**

**CREDIT CARD AUTHORIZATION FORM
APPLICATION ONE TIME FEE**

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

PAYMENT INFORMATION

Property Name/Address: _____

By completing and signing this form, I authorize a ONE-TIME charge in the amount of Fifty Dollars and 00/100 (\$50.00)

CREDIT CARD INFORMATION

*****Charges may apply*****

Credit Card Type: MasterCard Visa Discover Card

Print Cardholder Name: _____

Number: _____

Expiration Date (mm/yy): ____/____ Security Code: _____

Cardholder Signature X _____ Date ____/____/____

THIS FORM SHALL REMAIN CONFIDENTIAL