

NOTICE TO CONSUMER

(PLEASE COMPLETE THOROUGHLY, COMPLETELY, AND LEGIBLY)

Thank you for seeking a rental or leasing relationship with our company Ashwill Cuaqekvgu.

In compliance with State and Federal laws, we are hereby notifying you that a CONSUMER REPORT, and/or INVESTIGATIVE CONSUMER REPORT may be obtained for use in evaluating our decision to accept your personal guarantee for the rental or lease of our property.

Inquiries may be made in considering your application, and the ensuing report may contain public/semi-public or private information, identification information, credit information, or other information, which could adversely affect your potential for an association with us. The report will only be obtained, according to your written instruction(s), below.

You have the right to make a direct written request to obtain copies of any reports, which may have been provided by one, or more of the following Consumer Reporting Agencies, which may have contributed to the compilation of the Consumer Report, and/or Investigative Consumer Report:

- | | |
|--|---|
| 1. EXPERIAN (Formerly TRW – www.experian.com)
701 Experian Pkwy
Dallas, TX 75013; or call:
1-888-397-3742 | 3. EQUIFAX (www.equifax.com)
P.O. Box 740241
Atlanta, GA 30374-0241; or call
1-800-685-1111 |
| 2. TRANSUNION (www.transunion.com)
2 Baldwin Place
Chester, PA 19022; or call:
1-800-916-8800 | 4. APSCREEN Consumer Relations
P.O. Box 1355
Newport Beach, CA 92663; or call
1-800-637-0223 |

AGREEMENT AND CONSENT

I have read this form completely, and I authorize you to obtain a Consumer Report, or Investigative Consumer Report, per the outline of available information, above. **I also (by photocopy of this form) authorize Consumer Reporting Agencies**, related or unrelated firms and/or persons to release information in response to these inquiries, and release same from any and all liability in responding to such inquiries. I understand that I am authorizing this request in accordance with my rights under the Fair Credit Reporting Act, the Fair and Accurate Credit Transactions Act, and the Gramm-Leach-Bliley Act.

Signed: _____ Date: _____

Personal Credit

Full Name (Printed): _____

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

Current Address: _____

City/State/Zip: _____

Telephone Number: _____

COMPANY CREDIT

Company Name (Printed): _____

Federal ID Number: _____

Current Address: _____

City/State/Zip: _____

**LEASE APPLICATION—Corporations, Sole Proprietors and Partnerships
(Please Type)**

PERSONAL AND EMERGENCY INFORMATION

(All partners, sole proprietors, and personal guarantors of corporate leases are required to complete this section.)

First Name: _____ M.I. ___ Last Name: _____ Jr. ___ Sr. ___

Home Address: _____ Telephone Number: () _____

_____ Spouse's First Name: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State of Issuance: _____

Name of closest relative not living with you: _____

Their home address: _____

Bank and Branch (Checking Account): _____

Address: _____

Person to Contact: _____ Telephone Number: () _____

Account Number: _____ Average Balance: _____

Bank and Branch (Savings Account): _____

Address: _____

Person to Contact: _____ Telephone Number: () _____

Account Number: _____ Average Balance: _____

First Name: _____ M.I. ___ Last Name: _____ Jr. ___ Sr. ___

Home Address: _____ Telephone Number: () _____

_____ Spouse's First Name: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State of Issuance: _____

Name of closest relative not living with you: _____

Their home address: _____

Bank and Branch (Checking Account): _____

Address: _____

Person to Contact: _____ Telephone Number: () _____

Account Number: _____ Average Balance: _____

Bank and Branch (Savings Account): _____

Address: _____

Person to Contact: _____ Telephone Number: () _____

Account Number: _____ Average Balance: _____

NAME AND PHONE NUMBERS OF TWO PERSONS TO CONTACT IN CASE OF AFTER HOURS EMERGENCY:

Name: _____ Telephone Number: () _____

Name: _____ Telephone Number: () _____

**LEASE APPLICATION—Corporations, Sole Proprietors and Partnerships
(Please Type)**

BUSINESS INFORMATION

Name of Company: _____ Federal Id # _____

Business Address: _____

Telephone Number: () _____ Year Company was formed: _____

Description of Business: _____

Type of Company: Sole Proprietorship [] Partnership [] Corporation with personal guarantee: []

Current Landlord: _____

Contact Name: _____ Telephone Number: () _____

Address: _____

Bank and Branch: _____

Address: _____

Officer to Contact: _____ Telephone Number: () _____

Account Number: _____ Average Balance: _____

TRADE REFERENCES

Name of Company: _____ Account Number: _____

Address: _____

Contact Name: _____ Telephone Number: () _____

Name of Company: _____ Account Number: _____

Address: _____

Contact Name: _____ Telephone Number: () _____

Name of Company: _____ Account Number: _____

Address: _____

Contact Name: _____ Telephone Number: () _____

Please attach copy of current financial statement or tax return. If not attached, please explain why: _____

The representations of fact contained in this application are considered part of the lease and are true and correct. If any information herein contained is discovered to be false or misleading, the lease made on the strength of this application may, at the option of the Lessor, be terminated at any time. The Lessor, and its representatives, are hereby granted permission to verify all information provided and to obtain any credit reports deemed necessary.

Signed: _____ Signed: _____

Name Printed: _____ Name Printed: _____