www.PyramidOfficePark.com Pyramid Office Park LLC, Office: (310) 465-0311 Fax: (310) 465-0031

Rental/Lease Application

Applicant Information										
Full Nan	ne:									
Date of birth:					SSN:					
Phone: Ce						ell Phone:				
Email:										
Current home address:										
City: St				State: ZIP Code:						
Own	Rent	(circle)	Monthly	payment or rent:		1	How long?			
Co - A	pplican	t Information								
Full Nan	ne:									
Date of	birth:				SSN:					
Phone:				Cell Phone:			Email:			
Current	address:									
			State: ZIP Code:							
Own	Rent	(Please circle)	Monthly	payment or rent:			How long?			
Emplo	yment l	Information								
Current employer:										
Employer address:							How long?			
Phone:				E-mail:		Fax:				
City:				State:		ZIP Code:				
Position:	:			Haurin Calami (Diago	ainele) And	! !				
				Hourly Salary (Please	e circle) Anı	nual income:				
Compa		ormation		Houriy Salary (Flease	e circle) Alli	nual income:				
				Houriy Salary (Flease	e circle) Alli	Tax ID:		Established:		
	any Info			nourly Salary (Flease	e circle) And			Established:		
	any Info			nourly Salary (Flease	e circle) Am			Established:		
Owner/F	any Info	Ill Name:		nourly Salary (Flease	e circle) Ann			Established:		
Owner/F	any Info	Il Name:		nourly Salary (Flease	e circle) Ann			Established:		
Owner/F	Principal Furnicipal F	Il Name:		nourly Salary (Fleast	e circle) Ann			Established:		
Current / Reason f	Principal Furnicipal F	Il Name:		State	e circle) Ann		Zip:	Established:		
Owner/F Current / Reason f Landlord Address:	any Info Principal Fu Address: For leaving?	Il Name:			e circle) Ann		Zip:	Established:		
Current A Reason f Landlord Address: City:	any Info Principal Fu Address: For leaving? I / Lender N	Ill Name:	Yrs	State Phone:	e circle) Ann			Established:		
Current / Reason f Landlord Address: City: Contact Rental/	Address: or leaving? I / Lender N	Ill Name:	Yrs	State	e circle) Alli			Established:		
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Current / Reason f Landlord Address: City: Contact Rental/ Quest Type of	Address: for leaving? Lease lengionnaire service p	Ill Name: Name: gth?e	Yrs	State Phone:		Tax ID:		Established:		
Current // Reason f Landlord Address: City: Contact Rental/ Quest Type of	Address: for leaving? I / Lender M Lease lengionnaire service p	Ill Name: Name: gth? e rovided or sold?	Yrs	State Phone:		Tax ID:	Fax:	Established:		
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Current A Reason f Landlord Address: City: Contact Rental/ Quest Type of Size of s How did	Address: or leaving? I/ Lender N Lease lengionnaire service p space you d you hea	Ill Name: Sth? e rovided or sold? are looking for? r about us? y us with your bus		State Phone:Months		Tax ID:	Fax:	Established:		
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AUTHORIZATION FOR FILE DISCLOSURE

limited to, Credit, Criminal,	ontemporary Information Corpo, eviction, rental/lease verification art from Experian, Equifax, Tran	ration (CIC) on my	nat such information may
Signature		Date	
Full Name (please print)			
Home Address			
City	State	Zip	
Social Security Number	Driver's License & State	Date of B	irth

IMPORTANT NOTE TO CIC SUBSCRIBER!

In Accordance with the Fair Credit Reporting Act, as well as other state and federal laws, this signed form is to be kept on file by CIC client ("subscriber") for no less than six years. CIC may request that subscriber supply a copy of the consumer signed Authorization for File Disclosure or application for lease, credit, or employment anytime within that six year period. Failure to comply may result in termination of subscriber's account as well as any criminal or civil penalties that may apply under current law.