



Application for Office Space

Thank you for your interest in office space at the Bayshore Business Center at 1485 Bayshore Blvd.

These documents need to be completed in order to proceed

1. Completely fill out and sign About Your Business Form.
2. Completely fill out and sign About You Form.
3. Photocopy of your Driver's License.
4. Send completed applications to application@aralonproperties.com or via fax (415) 467- 0991.

Please allow 2-3 business day for us to process your application. Offices are not considered reserved until a formal lease agreement has been signed by all parties and deposit is received.

ABOUT YOUR BUSINESS

Your Business Name: _____

Tax ID # (if any): _____ Position: _____

Business Type (Circle One): Sole Proprietorship, Partnership, Corporation, Non-Profit, Other: _____

Total Monthly Gross Business Income: _____ Total # of Employees: _____

Previous Business Address: _____

What does your business do? _____

How did you hear about us? (Craigslist, Google, Referral)

I understand that the Landlord and Property Manager will try to verify all information submitted and may communicate with all references listed on this application. I further understand that there is no limitation or restrictions regarding what may be discussed or revealed to prospective landlord or property manager. I understand that National Credit Reporting, or another data services company, will obtain a copy of my consumer credit file on behalf of Landlord or Property Manager in order to evaluate this application. The applicant hereby holds the above named parties free and harmless of any liability for providing written or verbal information or discussing the quality of the applicant's tenancy. The applicant represents that statements made above are true and correct and hereby authorizes verification of references, statements, company history, made herein including but not limited to the obtaining of a credit report and agrees to furnish further credit references on request.

Applicant: _____

Date: _____



ABOUT YOU

Name: Last, First, Middle

Best Phone Number to Reach You

() _____ - _____

Email Address

Social Security Number

____ - ____ - _____

Date of Birth

___ / ___ / _____

Current Home Address

City/ State/ Zip

Own or Rent ____ Monthly Payments \$ ____

Have you ever filed for Bankruptcy? Yes or No

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Signature: _____

Date: _____

ABOUT YOU

Name: Last, First, Middle

Best Phone Number to Reach You

() _____ - _____

Email Address

Social Security Number

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Date of Birth

___ / ___ / _____

Current Home Address

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Date: _____