

COMMERCIAL LEASE APPLICATION

Mail: 19363 Willamette Drive PMB 257, West Linn OR 97068

Office: 4800 Meadows Road, Suite 300, Lake Oswego OR 97035

PLEASE FILL OUT COMPLETELY AND ATTACH SEPARATE PAGE IF NECESSARY TO PROVIDE ALL INFORMATION THAT IS REQUIRED.

Leasing Line 503-699-7180, Agent 503-635-4455

The Applicant is applying to lease a commercial space at _____

Agent of Landlord: **Affinity Group Inc.** or any of its agents are authorized to assemble credit and fidelity information in consideration of commercial leasing qualifications. *The commercial applicant screening fee is \$45 payable to Affinity Group Inc.*

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Company name

Please check appropriate box to identify type of business:

CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP LIMITED LIABILITY CORP.

State of Incorporation/Registration:

Date Business Established:

DBA (if different):

Number of Employees:

Contact Person:

Address:

Phone:

Fax:

Federal Tax ID and/or Social Security Number:

Type of Business:

Email:

Names, titles, and home addresses of your chief corporate officers/principals/managing or authorized members
Landlord Contact Information and Address of Commercial Space Leased: Please include commercial addresses of leased spaces along with names and telephone numbers of landlords and length of tenancy.
Current or Most Recent Landlord Information:
Former Landlord Information

Have you or an affiliated company operated under another business name in the last five years? Yes No

If yes, in what state?

Which County?

Which Year(s)?

Have you or your business been litigants in any lawsuits in the last five years?

Yes No

If yes, what decision, if any, was rendered?

Have you or the company(ies) declared bankruptcy in the last seven years?

Yes No

If yes, under what name, where and when?

1
Please initial

BUSINESS TRADE REFERENCES:

Reference #1	Name: _____ Address: _____ Phone: _____
Reference #2	Name: _____ Address: _____ Phone: _____
Reference #3	Name: _____ Address: _____ Phone: _____

BANK REFERENCES

Bank#1	Identify Type of Account and Exact Name of Account: _____ Phone: _____ Contact person: _____ Name of bank: _____ Address: _____
Bank#2	Identify Type of Account and Exact Name of Account: _____ Phone: _____ Contact person: _____ Name of bank: _____ Address: _____

The Applicant hereby represents and warrants that the information provided herein is true and accurate and hereby authorizes Landlord to make such credit and fidelity investigations deemed necessary, including contacting the references and banks provided.

General Terms and Conditions

1. **TAX RETURNS FOR THE PRIOR TWO YEARS MAY BE REQUIRED AFTER PRELIMINARY CREDIT EVALUATION IS COMPLETED AND PRIOR TO EXECUTING A FINAL LEASE AGREEMENT.**
2. **WITHOUT LIMITATION, ANY INFORMATION THAT IS MATERIALLY FALSE OR MISLEADING SHALL BE CAUSE FOR IMMEDIATE DENIAL OF THIS APPLICATION AND/OR ANY POSSIBLE LEASE AGREEMENT.**
3. **PERSONAL GUARANTEE:** If the applicant is a corporation or limited liability company, then those signing this application, whether signing as an officer or otherwise, may be required to personally guarantee the lease agreement as a personal guarantor.
4. **ALL INFORMATION PROVIDED SHALL BE TREATED AS CONFIDENTIAL BY AFFINITY GROUP, INC. AND/OR THE APPLICANT SCREENING COMPANY, BEMROSE CONSULTING, INC. (503-419-6539)**

PLEASE MAIL OR SUBMIT APPLICATION WITH \$45 PAYABLE TO:

AFFINITY GROUP INC., 4800 Meadows Road, Suite 300, Lake Oswego OR 97035

I authorize all necessary applicant screening and processing in relation to business history, personal history, credit background, criminal background, and all references including banking, business trade references, vendor references etc. and realize that it is up to the landlord or landlord's agent as to whether or not to lease the identified commercial space at their sole discretion based upon the information provided.

Authorized Signature: _____
Authorized Signature: _____
Print name(s): _____
Title: _____ **Date:** _____
