

FOR LEASE

±7,650 SF

MULTI-TENANT INDUSTRIAL BUILDING



11020 - 11040 MERCANTILE AVENUE
STANTON CA 906680

PROPERTY HIGHLIGHTS

- Units ranging from 1,000- 2,400 SF
- Secured Loading Area
- Ideal for storage uses
- 100 Amps per unit
- 12' clearance
- 10' loading doors
- Restroom in each unit
- M-1 Zoning
- Call for pricing and a tour



CONTACT:



CHARLIE WINN
Senior Vice President/Principal
T: 949.724.4763
cwinn@lee-associates.com
Lic.# 01151176

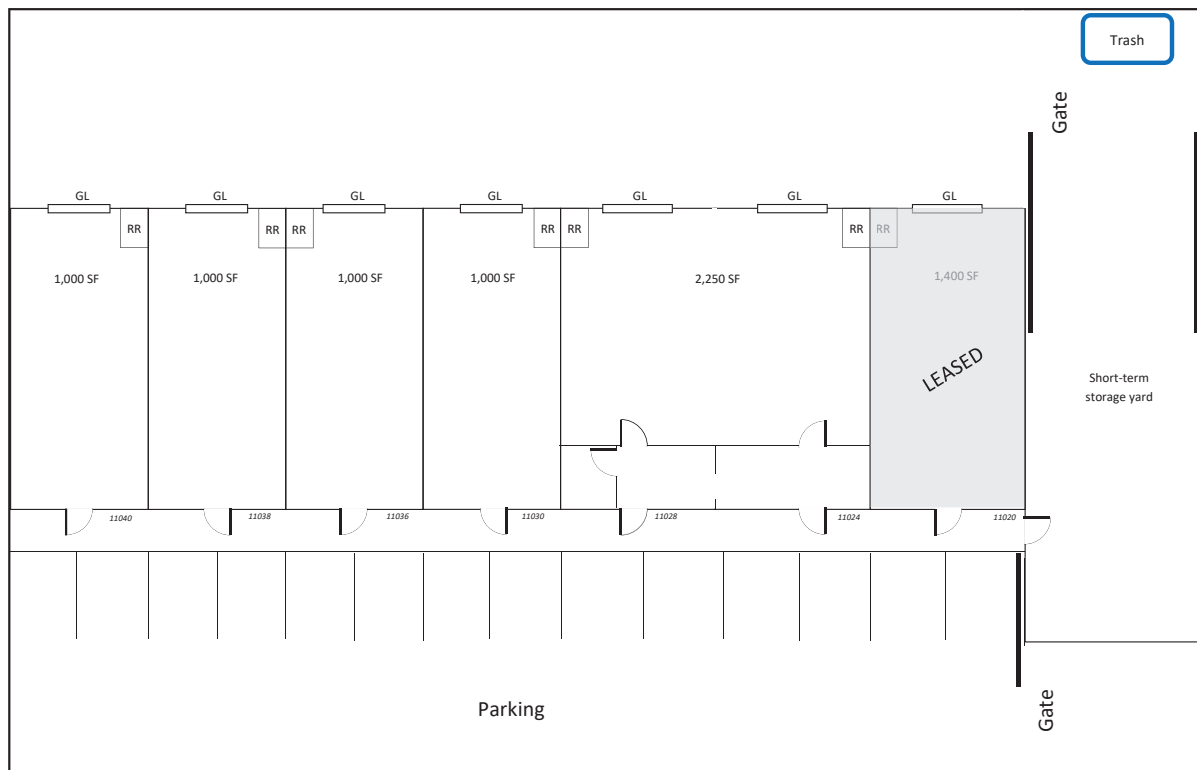
LEE & ASSOCIATES
COMMERCIAL REAL ESTATE SERVICES
NEWPORT BEACH

DISCLAIMER: The information contained herein has been obtained from the property owner or other third party and is provided to you without verification as to accuracy. We (Lee & Associates, its brokers, employees, agents, principals, officers, directors and affiliates) make no warranty or representation regarding the information, property, or transaction. You and your attorneys, advisors and consultants should conduct your own investigation of the property and transaction.

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PROPERTY FLOOR PLAN



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RENTAL APPLICATION & TENANT INFORMATION

COMPANY NAME: _____ **Phone:** _____

Business Address: _____ **Zip Code:** _____

in Business: _____ **Years at Current Address:** _____

Size of Current Premises: _____ **Current Rent:** _____ **# of Employees:** _____

Present Landlord: _____ **Phone:** _____

Landlord Email: _____

Proposed Use of Premises: _____

Will any Hazardous Materials be Stored or used on the Premises? Yes ☐ No ☐ If yes, please attach list (i.e. MSDS sheets)

TYPE OF BUSINESS ORGANIZATION: (Complete A, B or C)

A. SOLE PROPRIETORSHIP:

1. **Owner's Name:** _____ **Phone:** _____

Residence Address: _____ **Zip Code:** _____

Do you Own ☐ **or Rent** ☐ **?** **For How Long?** _____

Social Security No: _____ **Driver's License No:** _____

EMAIL Address: _____

B. PARTNERSHIP:

1. **Name:** _____ **Social Security No:** _____

Residence Address: _____

_____ **Phone:** _____

EMAIL Address: _____

2. **Name:** _____ **Social Security No:** _____

Residence Address: _____

_____ **Phone:** _____

EMAIL Address: _____

By signing below, you hereby declare that the representation of facts contained in the foregoing application are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of ("Landlord"), be terminated at any time. *By signing below, you authorize the Landlord and/or Collins Comercial to verify the above statements including, but not limited to, business and individual credit information, now or any time during the lease term.*

Signature: _____ **Print Name:** _____ **Date:** _____

Signature: _____ **Print Name:** _____ **Date:** _____

C. CORPORATION: Federal Tax ID: _____ Date Incorporated: _____ State of Incorp: _____
☐ Parent Corp: ☐ Division / Subsidiary of: _____

CORPORATE OFFICERS

1.	Name: _____	Title: _____
	Residence Address: _____	
	Phone: _____	
	EMAIL Address: _____	
2.	Name: _____	Title: _____
	Residence Address: _____	
	Phone: _____	
	EMAIL Address: _____	

By signing below, you hereby declare that the representation of facts contained in the foregoing application are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of ("Landlord"), be terminated at any time. ***By signing below, you authorize the Landlord and/or Collins Commercial to verify the above statements including, but not limited to, business credit information, now or any time during the lease term.***

Signature:		Date:	
Print Name:	Title:		

LEASE GUARANTOR:		Social Security No.	
Residence Address:			
EMAIL Address:			

By signing below, you hereby declare that the representation of facts contained in the foregoing application are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of ("Landlord"), be terminated at any time. ***By signing below, you authorize the Landlord to verify the above statements including, but not limited to, business credit information, now or any time during the lease term.***

Signature: _____ **Print Name:** _____ **Date:** _____

BANK REFERENCES:

Checking: _____ **Branch:** _____ **Account No:** _____
Savings: _____ **Branch:** _____ **Account No:** _____

CREDIT REFERENCES:

[illegible]

(Applicant to Complete this Form)

APSCREEN INFORMATION & CONSENT FORM

Last Name: _____ Jr./Sr.?: _____ First Name: _____

Middle Initial: _____ Spouse's Name: _____

Present Address and Zip Code: _____

Prior Address (if residing at current address less than one year): _____

Social Security No: _____ Spouse SS No: _____

Date of Birth: _____ Spouse DOB: _____

Employer's Name and Address (if applicable): _____

EMAIL Address: _____
CONSENT

I agree to allow my credit history to be procured and reviewed by Lee & Associates, Newport Beach and therefore release any and all persons from all liability in connection with responding to inquiries regarding this consent. I also understand that any inaccurate information contained in my report shall not be the responsibility of the requester, or the provider, or any of its affiliates or correspondents.

Signed: _____
Applicant

Date: _____

Signed: _____
Co-Applicant

Date: _____

NOTICE TO CONSUMER

(PLEASE COMPLETE THOROUGHLY, COMPLETELY, AND LEGIBLY AND SIGN BELOW)

Thank you for seeking a rental or leasing relationship with our company: LEE & ASSOCIATES, NB/ Charlie Winn.

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, the extension of credit in the form of providing tenant improvements, pro-rated and 'financed' through the lease terms, guaranty of the lease or rental agreement, retention and/or for collection purposes, in the event of a default of any of the above.

Inquiries may be made in considering your application, and the ensuing report may contain public/semi-public or private information, identification information, credit information, DMV records 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 (copies of Privacy Policies are available on each website)

- | | |
|--|---|
| 1. EXPERIAN (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 (www.apscreen.com)
P.O. Box 80639
Rancho Santa Margarita, CA 92688; or call
1-800-637-0223 |

AGREEMENT AND CONSENT

I have read this form completely, I understand it and I authorize you to obtain a Consumer Report, and/or Investigative Consumer Report, for the reason(s) stated above. I also (by photocopy, facsimile or electronic transmission of this form) authorize Consumer Reporting Agencies, related or unrelated firms both public and private; government, law enforcement and/or other agencies and/or persons to release information deemed necessary in response to this authorization. I have read and I understand my rights identified at: www.ftc.gov and any other state or local websites that may apply and that I am authorizing this request in accordance with my rights under the Fair Credit Reporting Act, the Fair and Accurate Credit Transactions Act, the Gramm-Leach-Bliley Act, The California Investigative Consumer Reporting Agencies Act and any other Federal, state or local laws, statutes and/or ordinances that may apply.

Signed: _____ Date: _____

Full Name (Printed): _____

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

Current Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____