

MERCHANT PROPERTY MANAGEMENT, INC

Cal BRE 01187064
3773 30th Street, Suite B
San Diego, CA 92104
Tel. (619)299-4034 / Fax 299-9412 / Email mpmadv@cox.net

LEASE PROPOSAL

DATE

PROPERTY ADDRESS:

We would like to present the following Lease Proposal for space in the above referenced:

- 1. Tenant:** _____
- 2. Permitted Use:** _____
- 3. Size & Location:** _____
- 4. Initial Term:** _____
- 5. Renewal Options:** _____
- 6. Monthly Rent:** _____
- 7. Rent Adjustment Periods:** _____
- 8. Rent Paid In Advance:** _____
- 9. Security Deposit:** _____
- 10. Monthly NNN Charges Estimated To Be \$** _____
- 11. Business Plan:** _____

- 12. Proposed Improvements:** _____

13. Experience: _____

14. Agency Disclosure / Commissions: _____

THIS PROPOSAL EXPIRES _____

LANDLORD AND TENANT ACKNOWLEDGE THAT THIS PROPOSAL IS NOT A LEASE AND THAT IT IS INTENDED AS THE BASIS FOR PREPARATION OF A LEASE DOCUMENT. THE LEASE SHALL BE SUBJECT TO LANDLORD'S AND TENANT'S APPROVAL, AND ONLY A FULLY EXECUTED LEASE DOCUMENT SHALL CONSTITUTE A LEGALLY BINDING LEASE FOR THE PREMISES.

BROKER/AGENT MAKES NO WARRANTY OR REPRESENTATION TO LANDLORD OR TENANT THAT ACCEPTANCE OF THIS PROPOSAL WILL GUARANTEE THE EXECUTION OF A LEASE FOR THE PREMISES. THE FINAL LEASE DOCUMENT SHALL INCORPORATE THE PROVISION CONTAINED IN THIS PROPOSAL AND ANY OTHER PROVISION UPON WHICH THE LANDLORD AND TENANT MAY MUTUALLY AGREE.

ACKNOWLEDGED AND AGREED

BY _____ **DATE** _____
Applicant's Signature

BY _____ **DATE** _____
Applicant's Signature

If this proposal is acceptable, please acknowledge below and return one signed copy to me in order to proceed with preparation of a Lease Document. Please call with questions. Thank you.

ACKNOWLEDGED AND AGREED

BY _____ **DATE** _____
Landlord, or authorized representative

_____**SEE ATTACHED COUNTER OFFER DATED** _____
LL Initials

PERSONAL FINANCIAL STATEMENT

As of _____

For the purpose of applying as a Tenant, the undersigned (you) certify the following statement of financial condition as of the date given, and all other information furnished including that on the second page, to be full, true and correct to the best of your knowledge and knowledge that should you knowingly make any false statement on this application it may suspend or terminate any further proceedings. You authorize Merchant Property Management, Inc. to make whatever inquires necessary and appropriate concerning such information, including contacting consumer reporting agencies, your creditors, or your employer (s).

Name _____ Married Separated Unmarried
 Spouse Name _____
 No. of Dependents _____ Dependent Ages: _____

FINANCIAL INFORMATION – (Referenced “schedules” on reverse side):

ASSETS	AMOUNT		LIABILITIES	AMOUNT	
	DOLLARS	CENTS		DOLLARS	CENTS
Cash on hand			Notes Payable		
Deposits in other banks			Notes Payable to other banks [Schedule 4]		
			Notes Payable to Others [Schedule 4]		
U.S. Government Securities [Schedule 1]					
Accounts Receivable [Schedule 3]			Installment Contracts Payable [Schedule 4]		
Notes Receivable [Schedule 3]					
			Credit Cards Payable [Schedule 5]		
Stocks and Bonds [Schedule 1]			Charge Accounts Payable [Schedule 5]		
Cash Value Life Insurance			Income Tax Payable		
Real Estate Owned [Schedule 2]			Other Taxes Payable		
			Real Estate Indebtedness [Schedule 2]		
Trust Deeds Owned [Schedule 3]			Loans on Life Insurance		
			Other Liabilities [Describe]		
Autos and Trucks [Describe]					
Other Assets [Describe]					
TOTAL ASSETS	\$		TOTAL LIABILITIES	\$	
			Net Worth [Total Assets – Total Liabilities]		
			TOTAL LIABILITIES & NET WORTH	\$	

ANNUAL INCOME*			
*Important: You don't have to include information on income from alimony, child support, or separate maintenance payments unless you want us to consider it in granting credit			
Salary, Wages, Commission			
Business or Professional Income [Net]			
Dividends and Interest			
Rental Income [Gross]			
Other Income [Describe]			
TOTAL ANNUAL INCOME	\$		

ANNUAL EXPENDITURES			
Real Estate Payments			
Rent			
Federal and State Income Taxes			
Alimony, child Support, Maintenance			
Insurance Premiums			
Property Taxes and Assessments			
Other Expenditures [Describe]			
TOAL ANNUAL EXPENDITURES \$			

SCHEDULES FOR FINANCIAL INFORMATION
SCHEDULE 1 • STOCKS AND BONDS

NAME OF COMPANY	EXCHANGE LISTINGS [NYSE, AMEX, OTC]	NO. OF SHARES OR FACE VALUE	UNIT MARKET PRICE	TOTAL MARKET VALUE
TOTAL			\$	\$

SCHEDULE 2 • REAL ESTATE OWNED

PROPERTY ADDRESS AND TYPE	MO./YR. ACQUIRED	COST	CURRENT VALUE	MONTHLY INCOME	MORTGAGE PAYMENT	MORTGAGE BALANCE	MORTGAGE
TOTAL		\$	\$	\$	\$	\$	

SCHEDULE 3 • ACCOUNTS, NOTES, AND CONTRACTS RECEIVABLE

DUE FROM	ADDRESS	COLLATERAL	MATURITY DATE	BALANCE DUE	PAYABLE
TOTAL				\$	

SCHEDULE 4 • NOTES, LOANS, AND LEASES PAYABLE

PAYABLE TO	BRANCH OR LOCATION	MATURITY DATE	BALANCE OWING	PAYABLE
TOTAL			\$	

SCHEDULE 5 • CHARGE ACCOUNTS AND CREDIT CARDS PAYABLE

PAYABLE TO	ACCOUNT NUMBER	CREDIT LIMIT	BALANCE OWING	PAYABLE
TOTAL		\$	\$	

Have you ever been the subject of a bankruptcy petition? No Yes. If "Yes" where?

When? Amount \$

Where you or your spouse a co-maker, endorse, guarantor, or contingently liable on any loan or contract? No Yes If "Yes" Amount \$
 When? To Whom?

Have you or you spouse made a Will? No Yes. If "Yes" name of Executor Are any assets held Yes
 Amount of insurance on your life \$ Under a Trust Agreement No

Have assets and income held as Community Property? If not, please explain.

Have you or your spouse a defendant in any legal action? No Yes Are there any unsatisfied judgements against you? No Yes

Have you or your spouse ever applied or obtained credit under another name? No Yes. If "Yes" please list

DATE: _____

DRIVERS LICENSE # _____

NAME: _____
Last _____ First _____ Middle _____

Social Security # _____ Date of Birth _____

SPOUSE: _____
Last _____ First _____ Middle _____

DRIVERS LICENSE # _____

TELEPHONE #: _____ TELEPHONE #: _____

CURRENT ADDRESS _____ CITY, STATE, ZIP _____ HOW LONG? _____

PREVIOUS (IF LESS THAN 4 YEARS) _____ CITY, STATE, ZIP _____ HOW LONG? _____

EMPLOYER _____ PHONE _____ MONTHLY INCOME _____ HOW LONG? _____

SPOUSE EMPLOYER _____ PHONE _____ MONTHLY INCOME _____ HOW LONG? _____

OTHER INCOME SOURCES _____ MONTLY INCOME _____ HOW LONG? _____

BANK NAME _____ BRANCH LOCATION _____ ACCOUNT # _____

CREDIT REFERENCES: _____
NAME _____ PAYMENT _____ BALANCE _____

NAME _____ PAYMENT _____ BALANCE _____

NAME _____ PAYMENT _____ BALANCE _____

PERSONAL REFERENCES:

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

*By signing this application, I/we affirm that the information furnished is true and correct to the best of my/our knowledge.
I/We authorize the verification of this information including but not limited to the obtaining of a credit report.*

SIGNATURE _____ DATE _____ SPOUSE SIGNATURE _____ DATE _____