

REQUEST FOR CREDIT REPORT

LAST NAME: _____ FIRST NAME: _____ MI: _____
SPOUSE NAME: _____ JR., SR., I, II, III: _____
CURRENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PREVIOUS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

PRIMARY INFORMATION:

SS #: _____
BIRTHDATE: _____
DRIVER'S LIC #: _____

SPOUSE INFORMATION:

SS#: _____
BIRTHDATE: _____
DRIVER'S LIC #: _____

ARIZONA INDUSTRIAL PROPERTIES, INC.

5202 South 40th Street

Phoenix, AZ 85040

tel (602) 438-8000

fax (602) 438-7940

Note: Please print clearly

LEASE APPLICATION

PART I: TENANT INFORMATION

A. BUSINESS NAME _____

DBA _____ CURRENT PHONE _____

B. LEGAL ENTITY Corporation Sole Proprietorship
 Partnership Other _____

PART II: OFFICER/ PARTNER/ OWNER INFORMATION

Note: Please give complete information for all officers/partners/owners - Use additional paper if necessary

FULL NAME	POSITION	HOME ADDRESS	Hm Phone	Social Sec. #	% Equity

A. FEDERAL TAX I.D. # _____ B. DATE BUSINESS ESTABLISHED _____

C. TYPE OF BUSINESS _____

PART III: PARENT COMPANY

Name and Address of parent company _____
name

Address City State Zip Phone

PART IV: BUSINESS ADDRESSES

Note: Please give complete information for the preceding five years - Use additional paper if necessary

A. CURRENT ADDRESS _____
Address City State Zip

Landlord _____ Phone _____

Term of Lease _____ Monthly Lease Amount _____

Length of Occupancy _____

B. PREVIOUS ADDRESS _____
Address City State Zip

Landlord _____ Phone _____

Term of Lease _____ Monthly Lease Amount _____

Length of Occupancy _____

C. PRIOR ADDRESS _____
Address City State Zip

Landlord _____ Phone _____

Term of Lease _____ Monthly Lease Amount _____

Length of Occupancy _____

PART V: BUSINESS FINANCIAL INFORMATION

A. Business Credit Accounts

NAME _____ Phone () _____

Fax () _____

ADDRESS _____

Address

City

State

Zip

NAME _____ Phone () _____

Fax () _____

ADDRESS _____

Address

City

State

Zip

NAME _____ Phone () _____

Fax () _____

ADDRESS _____

Address

City

State

Zip

B. Business Bank Accounts

BANK NAME _____ Phone () _____

ADDRESS _____

Address

City

State

Zip

Account # _____ Contact Name _____

BANK NAME _____ Phone () _____

ADDRESS _____

Address

City

State

Zip

Account # _____ Contact Name _____

PART VI: BUSINESS DECLARATIONS

A. Has this business, its officers, partners, or owners ever been delinquent in payment of any financial obligation? (If yes, please explain)

B. Has this business, its officers, partners, or owners ever been a defendant in an unlawful detainer and/or breach of contract lawsuit? (If yes, please explain.)

I / We hereby authorize _____ to verify all information on this application by contacting the sources listed herein or any other sources available. I / We understand that information that does not verify, or cannot be verified, may result in this application not being approved, and that the \$ _____ fee paid for verification of this application is a non-refundable fee, regardless of whether or not this application to lease is approved or denied.

Applicant _____ Title _____ Date _____

PERSONAL FINANCIAL STATEMENT

PERSONAL PROFILE

Name		Age	Soc. Sec. #
Street Address		City	State Zip
		How long at address	Yrs. Mos.
Home Phone ()	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other
		Years with Company	
<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried (Includes single, divorced and widowed)		<input type="checkbox"/> Separated
Number of Dependents		Ages of Dependents	
Spouses Name		Spouses Soc. Sec. #	
Spouse Employed By		Spouses Occupation	Spouses Work Phone ()
How long with Employer? (Spouse) Yrs. Mos.			

FINANCIAL STATEMENT List all amounts in dollars. Omit cents. Please attach a separate sheet if more space is needed

ASSETS	AMOUNT	DATE OF STATEMENT:	
Cash		LIABILITIES	AMOUNT
Cash In Other Institutions		Income Taxes Payable	
		Other Taxes Payable	
Other Cash Equivalent		Revolving Credit (Sched. 4)	
Treasury Certificate / Bonds		Installment contracts and notes	
NYSE/OTD Listed Securities (Sched. 1)		payable to banks & others (Sched. 5)	
Rated Corp. / Muni Bonds (Sched. 1)		Loans on Life Insurance	
IRA / KEOGH / Pension		Mortgages or Liens on	
Notes Receivable - Include only		Real Estate (Sched. 3)	
Mortgages / Deeds of Trust		Other Liabilities (detail)	
owned (Sched. 2)			
Real Estate Market Value (Sched. 3)			
Automobiles			
Recreational Vehicles			
Boats & Airplanes			
Business Equity			
Other Investments (Ltd. Partnerships)			
Notes Receivable, unsecured		TOTAL LIABILITIES	
All unlisted stocks and securities			
(Attach Sched., if applicable)		NET WORTH	
Other Assets (detail)		(Total Assets minus Total Liabilities)	
		TOTAL	
		(Total Liabilities plus Net Worth)	
TOTAL ASSETS			

ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT	CONTINGENT LIABILITIES	AMOUNT
Employment- Applicant		Mortgage Payments		As Endorser	
Spousal		Property Tax / Assessments		As Guarantor	
Dividends / Bonds		Property & Hazard Insurance		On Damage Claims	
Interest		Utilities		Letters of Credit	
Gross Rental		Rent		Other (Detail)	
Other (Detail)		Revolving Credit (Sched. 4)			
		Installment Contracts (Sched. 5)			
		Alimony, Child Support / Maint.			
		Income and other Taxes			
Alimony, Child Support		Insurance			
or Separate Maintenance [‡]		Other (Detail)			
				<input type="checkbox"/> Check Here	
				"If None"	
TOTAL		TOTAL		TOTAL	

* Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation

BANKING RELATIONSHIPS (Please list only your personal accounts)					
BANK	ACCOUNT NUMBER	PERSONAL	CURRENT	FOR BANK USE	
		CHKG/SVGS	BALANCE	(Avg. Blnce)	Prod. Code
			\$	\$	
			\$	\$	
			\$	\$	

GENERAL INFORMATION If married these questions apply to both you and your spouse.

YES NO Have you ever had a repossession?
 YES NO Have you ever had a bankruptcy or had a judgment against you?

YES NO Have you ever been a principal or guarantor of a firm that declared bankruptcy?
 YES NO Are any assets pledged or debts secured except as shown?

YES NO Are you a party to any claim or lawsuit?

YES NO Has there been an IRS audit in the past 3 yrs?
 YES NO If yes, has the audit been settled?

If YES to any of the above, please explain:

HOW HELD CODE- In space provided, please indicate applicable abbreviation **A** = Applicant; **S** = Spouse; **J** = Jointly w/ Spouse; **O** = Jointly w/ other than Spouse; **ASP** = Applicant's separate property; **SSP** = Spouse's separate property.

SCHEDULE 1 Securities Owned

How Held	No. Shares or Bond Amount	Description	Title In Name of	Pledge / Yes or No	Where Quoted	Present Mkt. Value
TOTAL						\$

SCHEDULE 2 Notes Receivable: Mortgage & Deed of Trust Owned

How Held	Name of Debtor	Collateral / Type of Property	Date of Note	Annual P & I Payment	Due Date	1st or 2nd Lien	Unpaid Balance
TOTAL							\$

SCHEDULE 3 Real Estate Holdings Mortgages or Liens

PROPERTY TYPE: SD = Single Dwelling; MD = Multiple Dwelling; C = Coml/Ind. (Attach separate schedule for additional properties.)

Property Type	1st Property			2nd Property			3rd Property			4th Property		
	<input type="checkbox"/> SD	<input type="checkbox"/> MD	<input type="checkbox"/> C	<input type="checkbox"/> SD	<input type="checkbox"/> MD	<input type="checkbox"/> C	<input type="checkbox"/> SD	<input type="checkbox"/> MD	<input type="checkbox"/> C	<input type="checkbox"/> SD	<input type="checkbox"/> MD	<input type="checkbox"/> C
Address												
Date Purchased												
Cost	\$			\$			\$			\$		
Monthly Principal & Interest Payment	\$			\$			\$			\$		
Estimated Mrkt Value (A)	(\$)			(\$)			(\$)			(\$)		
1st Mortgage Balance (B)	(\$)			(\$)			(\$)			(\$)		
All other Mortgages/Liens (C)	\$			\$			\$			\$		
Equity (A - B - C)	\$			\$			\$			\$		
Gross Rental (D)	\$			\$			\$			\$		
Mortgage Payments (E)	\$			\$			\$			\$		
Taxes, Insurance, Utilities (Exclude Depreciation) (F)	\$			\$			\$			\$		
Net Cash Flow (D - E - F)	\$			\$			\$			\$		

SCHEDULE 4 Revolving Credit**SCHEDULE 5 Installment Contracts & Notes Payable**

Creditor's Name	Account No.	Monthly Payment	Present Balance	Creditor's Name	Account No.	Monthly Payment	Present Balance
TOTALS		\$	\$	TOTALS		\$	\$

ADDITIONAL COMMENTS:

SIGNATURES

For the purpose of obtaining or establishing credit from time to time, the undersigned certify that the above (attached) statement and supporting schedules, prepared by or for the undersigned, are complete and true statement of the financial condition of the undersigned on the date indicated. You are authorized to make whatever inquiries about the undersigned deemed necessary and appropriate for the purpose of evaluating the credit application provided. You are also authorized to provide credit information about your credit experience with the undersigned to other creditors and credit reporting agencies.

X

APPLICANT'S SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE _____ DATE _____

Note: Spouse's signature required only if spouse is co-applicant.

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