

LFC

Executive Suites

17 Corporate Plaza Drive
Newport Beach, CA 92660

SUBLEASE APPLICATION

Name of Applicant	Home Phone	Business Phone
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Home Address – Street, City, State, ZIP

Current Business Address – Street, City, State, ZIP

Email Address

Type of Business

Emergency Contact - Name, Street, City, State, ZIP	Phone
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Credit Reference - Name, Street, City, State, ZIP	Phone
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Bank – Checking Account	Address	Account Number
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Please provide a copy of the driver's license for each of the principals.

The Applicant authorizes LFC Corporate Services, Inc. to obtain or cause to be prepared a consumer credit report relating to the Applicant and authorizes the above references to release credit and bank information to LFC.

The undersigned warrants and represents that all statements herein are true.

Applicant Signature _____ **Date** _____