

# LFC

## **Executive Suites**

17 Corporate Plaza Drive  
Newport Beach, CA 92660

### **SUBLEASE APPLICATION**

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<b>Name of Applicant</b>	<b>Home Phone</b>	<b>Business Phone</b>
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**Home Address** – Street, City, State, ZIP

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**Current Business Address** – Street, City, State, ZIP

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**Email Address**

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**Type of Business**

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<b>Emergency Contact</b> - Name, Street, City, State, ZIP	<b>Phone</b>
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<b>Credit Reference</b> - Name, Street, City, State, ZIP	<b>Phone</b>
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<b>Bank – Checking Account</b>	<b>Address</b>	<b>Account Number</b>
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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** \_\_\_\_\_