



THE PHILIPPINE CENTER MANAGEMENT BOARD, INC.

PHILIPPINE CENTER BUILDING
445 - 447 SUTTER STREET
SAN FRANCISCO, CALIFORNIA 94108
TEL: (415) 982-6153
FAX: (415) 982-1232

PROSPECTIVE TENANT APPLICATION FORM

Business Profile:

Name of Business _____
Type of Business _____
Business License No.# and Incorporation No. _____
(Provide copy of license and certificate)
Title of person entering into contract: _____
Former address of business _____
City _____ State _____ Zip Code _____
Reason for leaving _____

Personal Profile:

Name _____ Date of Birth _____
Last Name, First Name, Middle Name _____
SSS No. _____ Telephone No. _____
Driver's License No. _____ Issued in _____ Issued on _____ Expiration _____
Other Business or Employment (if any) _____
Employer's Name _____
Name of Spouse _____
Present Home Address _____ Apt. No. _____
City _____ State _____ Zip Code _____
Number of years _____
Former Home Address _____ Apt. No. _____
City _____ State _____ Zip Code _____

Credit References

- 1. _____ Phone ___ - ___ - _____
- 2. _____ Phone ___ - ___ - _____
- 3. _____ Phone ___ - ___ - _____

Note: Filling up this application does not provide any guarantee that a space will be immediately available. A decision shall be communicated in writing in the address furnished above within 10 working days from the time of filing.

Authorization to Verify Information

I hereby acknowledge that to the best of my knowledge the entries submitted above are accurate and true. Moreover, I hereby authorize the landlord or authorized agent/s to verify the above information, including but not limited to obtaining a credit report.

Signature of Applicant _____
Date _____

For PCMB'S USE ONLY

Proposed Rent for Suite no. _____
Total Area: _____ Appx. \$ _____/sq.ft
Term: _____
Approved _____
Credit Report Rating _____ Disapproved _____
Other Information _____

