

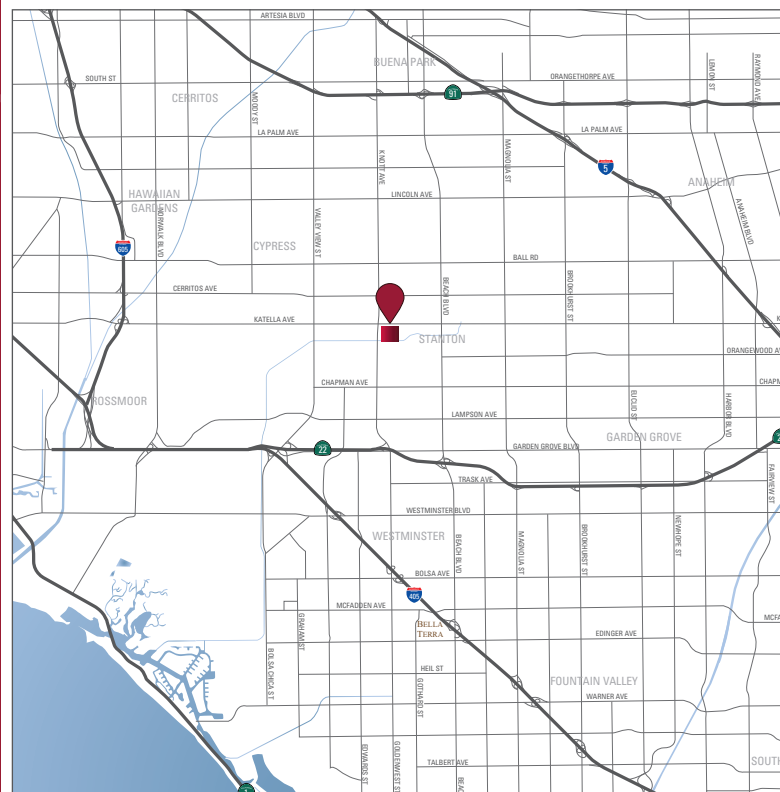
FOR LEASE

11062-11076 MERCANTILE, STANTON, CA



PROPERTY FEATURES

- .45 Acre Parcel
- Automatic Gate
- 16' Minimum Clearance
- 1 Grade Level Doors
- 200 Amps Power Service per unit
- Natural Gas Service Possible to each unit
- 2:1,000 Parking
- Available Now
- Flexible Terms and Use
- Call agent for details and a tour.



CHARLIE WINN

SVP/Principal

949.724.47263

cwinn@lee-associates.com

DRE #: 0115117

DISCLAIMER: The information contained herein has been obtained from the property owner or other third party and is provided to you without verification as to accuracy. We (Lee & Associates, its brokers, employees, agents, principals, officers, directors and affiliates) make no warranty or representation regarding the information, property, or transaction. You and your attorneys, advisors and consultants should conduct your own investigation of the property and transaction.

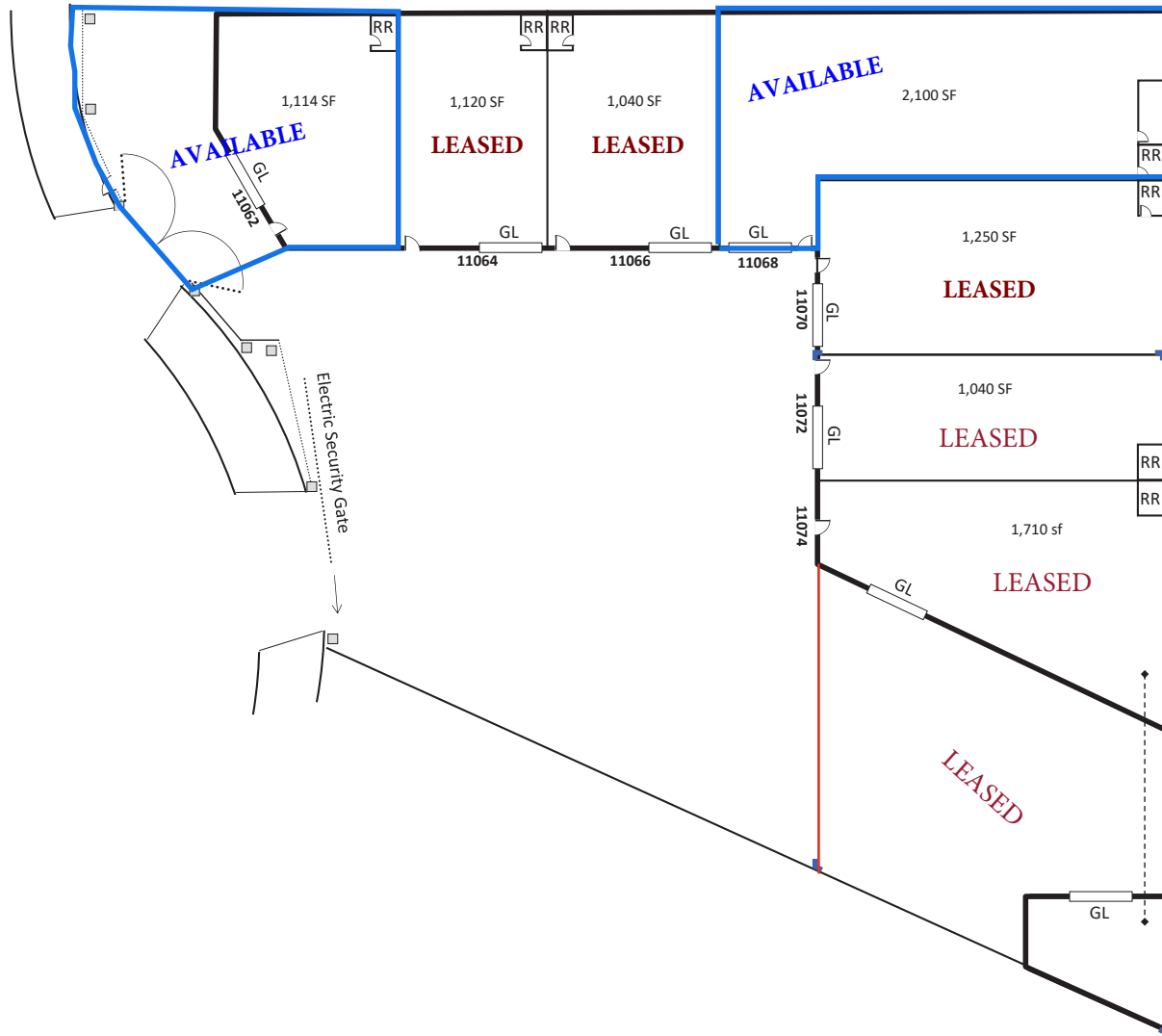
LEE & ASSOCIATES
COMMERCIAL REAL ESTATE SERVICES
NEWPORT BEACH

FOR LEASE

11062-11076 MERCANTILE, STANTON, CA



SITE PLAN



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LEE & ASSOCIATES
COMMERCIAL REAL ESTATE SERVICES
NEWPORT BEACH

RENTAL APPLICATION & TENANT INFORMATION

COMPANY NAME:	_____	Phone:	_____
Business Address:	_____	Zip Code:	_____
Years in Business:	_____	Years at Current Address:	_____
Size of Current Premises:	_____	Current Rent:	_____
		# of Employees:	_____
Present Landlord:	_____	Phone:	_____
Proposed Use of Premises: _____			

Will any Hazardous Materials be Stored or used on the Premises? Yes ☐ No ☐ If yes, please attach list (i.e. MSDS sheets)

TYPE OF BUSINESS ORGANIZATION: (Complete A, B or C)

A. SOLE PROPRIETORSHIP:

1.	Owner's Name:	_____	Phone:	_____
	Residence Address:	_____	Zip Code:	_____
	Do you Own ☐ or Rent ☐ ? For How Long? _____			
	Social Security No:	_____	Driver's License No:	_____
	EMAIL Address:	_____		

B. PARTNERSHIP:

1.	Name:	_____	Social Security No:	_____
	Residence Address:	_____		
		Phone:	_____	
	EMAIL Address:	_____		
2.	Name:	_____	Social Security No:	_____
	Residence Address:	_____		
	EMAIL Address:	Phone:	_____	

By signing below, you hereby declare that the representation of facts contained in the foregoing application are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of ("Landlord"), be terminated at any time. *By signing below, you authorize the Landlord and/or Collins Comercial to verify the above statements including, but not limited to, business and individual credit information, now or any time during the lease term.*

Signature:	_____	Print Name:	_____	Date:	_____
Signature:	_____	Print Name:	_____	Date:	_____

C. **CORPORATION:** **Federal Tax ID:** _____ **Date Incorporated:** _____ **State of Incorp:** _____
☐ **Parent Corp:** ☐ **Division / Subsidiary of:** _____

CORPORATE OFFICERS

1.	Name: _____	Title: _____
	Residence Address: _____	
	Phone: _____	
	EMAIL Address: _____	
2.	Name: _____	Title: _____
	Residence Address: _____	
	Phone: _____	
	EMAIL Address: _____	

By signing below, you hereby declare that the representation of facts contained in the foregoing application are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of ("Landlord"), be terminated at any time. ***By signing below, you authorize the Landlord and/or Collins Commercial to verify the above statements including, but not limited to, business credit information, now or any time during the lease term.***

Signature:		Date:	
Print Name:	Title:		

LEASE GUARANTOR:		Social Security No.	
Residence Address:			
EMAIL Address:			

By signing below, you hereby declare that the representation of facts contained in the foregoing application are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of ("Landlord"), be terminated at any time. ***By signing below, you authorize the Landlord to verify the above statements including, but not limited to, business credit information, now or any time during the lease term.***

Signature: _____ Print Name: _____ Date: _____

BANK REFERENCES:

Checking: _____ Branch: _____ Account No: _____
Savings: _____ Branch: _____ Account No: _____

CREDIT REFERENCES:

[illegible]

(Applicant to Complete this Form)

APSCREEN INFORMATION & CONSENT FORM

Last Name: _____ Jr./Sr.?: _____ First Name: _____

Middle Initial: _____ Spouse's Name: _____

Present Address and Zip Code: _____

Prior Address (if residing at current address less than one year): _____

Social Security No: _____ Spouse SS No: _____

Date of Birth: _____ Spouse DOB: _____

Employer's Name and Address (if applicable): _____

EMAIL Address: _____

CONSENT

I agree to allow my credit history to be procured and reviewed by Lee & Associates, Newport Beach and therefore release any and all persons from all liability in connection with responding to inquiries regarding this consent. I also understand that any inaccurate information contained in my report shall not be the responsibility of the requester, or the provider, or any of its affiliates or correspondents.

Signed: _____ Date: _____
Applicant

Signed: _____ Date: _____
Co-Applicant

NOTICE TO CONSUMER

(PLEASE COMPLETE THOROUGHLY, COMPLETELY, AND LEGIBLY AND SIGN BELOW)

Thank you for seeking a rental or leasing relationship with our company: LEE & ASSOCIATES, NB/ Charlie Winn.

In compliance with State and Federal laws, we are hereby notifying you that a CONSUMER REPORT, and/or INVESTIGATIVE CONSUMER REPORT may be obtained for use in evaluating our decision to accept your personal guarantee for the rental or lease of our property, the extension of credit in the form of providing tenant improvements, pro-rated and 'financed' through the lease terms, guaranty of the lease or rental agreement, retention and/or for collection purposes, in the event of a default of any of the above.

Inquiries may be made in considering your application, and the ensuing report may contain public/semi-public or private information, identification information, credit information, DMV records or other information, which could adversely affect your potential for an association with us. The report will only be obtained, according to your written instruction(s), below.

You have the right to make a direct written request to obtain copies of any reports, which may have been provided by one, or more of the following Consumer Reporting Agencies, which may have contributed to the compilation of the Consumer Report, and/or Investigative Consumer Report (copies of Privacy Policies are available on each website)

- | | |
|--|---|
| 1. EXPERIAN (www.experian.com)
701 Experian Pkwy
Dallas, TX 75013; or call:
1-888-397-3742 | 3. EQUIFAX (www.equifax.com)
P.O. Box 740241
Atlanta, GA 30374-0241; or call
1-800-685-1111 |
| 2. TRANSUNION (www.transunion.com)
2 Baldwin Place
Chester, PA 19022; or call:
1-800-916-8800 | 4. APSCREEN (www.apscreen.com)
P.O. Box 80639
Rancho Santa Margarita, CA 92688; or call
1-800-637-0223 |

AGREEMENT AND CONSENT

I have read this form completely, I understand it and I authorize you to obtain a Consumer Report, and/or Investigative Consumer Report, for the reason(s) stated above. I also (by photocopy, facsimile or electronic transmission of this form) authorize Consumer Reporting Agencies, related or unrelated firms both public and private; government, law enforcement and/or other agencies and/or persons to release information deemed necessary in response to this authorization. I have read and I understand my rights identified at: www.ftc.gov and any other state or local websites that may apply and that I am authorizing this request in accordance with my rights under the Fair Credit Reporting Act, the Fair and Accurate Credit Transactions Act, the Gramm-Leach-Bliley Act, The California Investigative Consumer Reporting Agencies Act and any other Federal, state or local laws, statutes and/or ordinances that may apply.

Signed: _____ Date: _____

Full Name (Printed): _____

Social Security Number: _____ Date of Birth (mm/dd/yy): _____

Current Address: _____

City/State/Zip: _____

Telephone Number: _____