

**EXECUTIVE CENTRE APARTMENT, LLC
C/O HAWAII HOLDINGS, LLC
1088 Bishop Street, Suite 4100
Honolulu, HI 96813
Phone (808) 523-5000 Facsimile (808) 523-5010**

CORPORATE RENTAL APPLICATION FORM

Property Applying for _____ Move In: ___/___/___

Lease Terms – Please Choose One: Six Month One Year Three Years Five Years

Company
Name _____

Principal's
Name _____

Business
Address _____ City _____ St _____ Zip _____

Phone # () _____ Fax # () _____ Email _____

Mailing Address _____ City _____ St _____ Zip _____

Please Choose One: Corporation Partnership Sole Proprietor or Other

Years in business _____

Federal Identification Number _____

Type of business (real estate, finance,
retail, etc.) _____

Description of business activities _____

Proposed Occupants Date of Birth Relationship to Applicant Social Security No. Phone No.

- | | | | | | |
|----|-------|-------|-------|-------|-------|
| 1) | _____ | _____ | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ | _____ | _____ |

BUSINESS REFERENCE:

Company
Name _____

Address _____

City _____ St _____ Zip _____

Phone#() _____ Fax#() _____

Company
Name _____

Address _____

City _____ St _____ Zip _____

Phone#() _____ Fax#() _____

BANK REFERENCE

Name of Bank _____ Contact
Name _____

Address _____

City _____ St _____ Zip _____

Phone#() _____ Fax#() _____

Account# _____

Name of Bank _____ Contact
Name _____

Address _____

City _____ St _____ Zip _____

Phone#() _____ Fax#() _____

Account# _____

I/We confirm that all the information I/we have supplied is true and correct. I/we understand that I/we can be turned down for the property if I/we have falsified any information on this application. I/we hereby authorize the verification of all above information including a business credit report. This application does not constitute a contract, lease or agreement for space.

COMPANY NAME _____

NAME OF OFFICER, PARTNER, AGENT, ETC: _____ TITLE _____

SIGNATURE _____ DATE _____