



ARNEL COMMERCIAL PROPERTIES
 Leasing Office (626) 912-7700
 Fax (626) 912-3639
 Email: ltrigonis@arnel.com

GUARANTOR'S PERSONAL INFORMATION

First Name: _____ Last Name: _____

Residence Address: _____
 Street, City, County, State & ZIP

Phone #: _____ Date of Birth: _____

Driver's License: _____ Social Security #: _____

Spouse's Name: _____ Spouse's Social Security #: _____

Do you own your residence? Yes _____ No _____ How Long: _____ Years

Lender/Landlord Name: _____

Address: _____
 Street, City, County, State & ZIP

Account #: _____ Property Value: _____

Mortgage Amount: _____ Original Cost: _____

BUSINESS INFORMATION

Full Legal Name: _____

Doing Business As: _____

Address: _____
 Street, City, County, State & ZIP

Phone Number: _____ How Long in Business? _____ Years

Business Entity Type: Partnership? _____ Corporation? _____
 Sole Proprietor? _____ Other? _____

Nature of Business: _____

Current Landlord: _____

Contact Name: _____ Phone Number: _____

Have you ever filed for bankruptcy? Yes _____ No _____ Business? _____
 Personal? _____

When: _____

BANK REFERENCES

Please list all business bank account(s):

Bank: _____ Branch: _____
 Phone #: _____ Contact: _____
 Account Holder: _____ Account #: _____

Please list all personal bank account(s):

Bank: _____ Branch: _____
 Phone #: _____ Contact: _____
 Account Holder: _____ Account #: _____

