| COMMERCIAL | <b>TERM SHEET</b> | <b>APPLICATION</b> |
|------------|-------------------|--------------------|
|            |                   |                    |

| Landlord/Lessor: H.U.N.T. P                              | Date of Application:                     |   |  |  |
|--|--|---|--|--|
| Location of Premises:                                    | 7108 De Soto Avenue, Canoga Park,        |   |  |  |
|  |  |   |  |  |
| Business Name:   |  |   |  |  |
| Name of Persons who will sign                            | n contract:                              | Conditions and Information  |  |  |
| Person 1: Name:  |  | All pages of this application must be   |  |  |
| Address:   |  | signed by all persons who will sign the   |  |  |
|  |  | term sheet – service agreement  |  |  |
| Phone:   |  | Additional tenant information is on page 2  |  |  |
| Driver's License No.                                     | State of Issuance:                       | The completing of this application by   |  |  |
| Social Security Number:                                  | Date of Birth:                           | Tenant and the acceptance of this   |  |  |
| Person 2: Name:  |  | application by Landlord creates no<br>obligation of Landlord to approve the                             |  |  |
| Address:   |  | application.  |  |  |
| Phone:   |  | This application will be approved or  |  |  |
| Driver's License No:                                     | State of Issuance:                       | rejected usually within five (5) days of  |  |  |
| Is your business a corporation                           | n, LLC or other entity? Yes No           | being submitted to landlord. However,<br>there is no obligation of Landlord to notify                   |  |  |
| - If yes, what form of busines                           | s entity?                                | tenant unless the application is approved.  |  |  |
| - Federal Tax ID Number:                                 |  |   |  |  |
| - State in which entity formed                           | !?                                       | If this application is approved, Tenan<br>must make the security deposit and sigr                       |  |  |
| - Names of Person(s) who wil                             | I Guarantee term sheet                   | the term sheet – service agreemen   |  |  |
| - Person 1:  |  | before the tenancy begins.  |  |  |
| - Person 2:  |  |   |  |  |
| - Registered Agent Name:                                 |  |   |  |  |
| - Address for registered agen                            | t:                                       |   |  |  |
| City State Zip   |  |   |  |  |
| Proposed use of premises?                                |  | For Landlord's Use Only   |  |  |
|  |  |   |  |  |
| Other Business Locations:                                |  | Rent Amount: Deposit:   |  |  |
|  |  | Date term to begin:   |  |  |
|  |  | End of Lease:   |  |  |
| Credit References:                                       |  |   |  |  |
| Name:  |  |   |  |  |
| Address:   |  |   |  |  |
| City State Zip   |  |   |  |  |
|  | (Continued on Page 2                     | 2)  |  |  |
| By your signature hereon, yo best of your knowledge, and | u agree that the information disclosed I | by you herein is true, complete and accurate to t<br>I by you herein is material to the potential Lesso |  |  |
| Signed:  |  | Date:   |  |  |
| Signade  |  | Date:   |  |  |
| Signed:  |  | Date:   |  |  |

| Credit References Continued:<br>Name:<br>Address:<br>City State Zip<br>Contact: | Phone:  |  |  |  |
|---|---|--|--|--|
| Bank Information<br>Name  | Type Of Account   | Account #  |  | City   |
| Credit Cards<br>Type  | Card #  | Туре   |  | Card #   |
| Creditors (Not Already listed)<br>Name  | Monthly Payment   |  | Balance                                | 2 Owed   |
| DISCLOSURE OF MANAGER:<br>No pets / 24/7 access allowed<br>communal areas       |   |  | of locks /                             | no smoking in suites or in                         |
| landlord,<br>criminal history and invest  | , or his/h<br>igate the accuracy of th<br>, employers, creditors, o | ner/their agent to orc<br>le information contail<br>credit card companie | der and ro<br>ned in the<br>s, referen | e application. I/We<br>nces, and any and all other |
| Signed:   |   |  |  |  |