

Request For Information – (For Lease)

Legal Business Name & Address:

F.E.I.N.: _____

Use of Premises (Type of Office): _____

Owners Name & Address:

Address to mail lease & any future invoices
(Legal Business Address or Owners Address):

SSN: _____

After hours Emergency phone number(s) & contact: _____

Attorneys Name (If Applicable): _____

Authorized personnel for Work Orders or Keys (charges will apply):

Main contact E-mail who will be authorized for Work Orders:

Verify Initial Lease Term (years) w/any options: _____

Verify Suite # & Preferred Lease Start Date: _____

