



**CHRISTINA
MORRISON P.A., CPM**
COMMERCIAL REAL PROPERTY CONSULTANT

Sawgrass East Business Park

INITIAL APPLICATION

UNIT(S) #: _____ PURCHASE OR LEASE? _____

DATE: _____ E-MAIL ADDRESS: _____

CORPORATE NAME: _____

CORPORATE WEBSITE: _____

AUTHORIZED CORPORATE SIGNATOR: _____

BUSINESS PHONE: _____ CELL PHONE: _____

TYPE OF BUSINESS: _____

INTENDED USE OF SPACE: _____

CORPORATE TAX ID#: _____

STATE OF INCORPORATION: _____

CURRENT ADDRESS: _____

PHONE: _____

OF EMPLOYEES TO BE WORKING IN THE SPACE: _____

OF VEHICLES TO BE PARKED ONSITE: _____

BUSINESS REFERENCE NAME & PHONE NUMBER: _____

PROPOSED OCCUPANCY DATE: _____

OTHER INFORMATION: _____

Exclusive Agent:

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