

**Lake Pointe Crossing
OFFICE COMPLEX
LEASE APPLICATION**

Date _____

Company Name: _____

Business: _____

Owner(s): _____

Current Office:

Address: _____

Phone Number: _____ Fax Number: _____

Company History: (Years in Business) _____

Under Current Name: _____

Previous Name: _____

Name, home address, home phone number of person in charge who will occupy
suite: _____

Where else does company do business:

Number of people anticipated, and number of parking places needed.

Daily _____ Frequently _____ Infrequently _____

What tools, equipment, products, vehicles, product displays, etc., are to be kept
at leased premises? _____

Can Lessee guarantee two (2) or three (3) year lease: _____

Date of occupancy desired: _____

References: 1) _____

2) _____

3) _____

In Case of Emergency Call:

Name (s) & Phone Numbers: _____

Name: _____ Signature: _____
(Print)

_____ Phone Number: _____
