Lake Pointe Crossing OFFICE COMPLEX LEASE APPLICATION

Company Name:	
Owner(s):	
Current Office:	
Address:	
Phone Number:	Fax Number:
Company History	: (Years in Business)
Under Current Na	me:
Previous Name:	
Name, home add	ress, home phone number of person in charge who will occupy
suite:	
Where else does	company do business:
	company do business: anticipated, and number of parking places needed.
Number of people	
Number of people Daily	e anticipated, and number of parking places needed.
Number of people Daily What tools, equip at leased premise	e anticipated, and number of parking places needed. Frequently Infrequently ment, products, vehicles, product displays, etc., are to be kept
Number of people Daily What tools, equip at leased premise Can Lessee guar	e anticipated, and number of parking places needed. Frequently Infrequently ment, products, vehicles, product displays, etc., are to be kept s?
Number of people Daily What tools, equip at leased premise Can Lessee guare Date of occupance	e anticipated, and number of parking places needed. Frequently Infrequently ment, products, vehicles, product displays, etc., are to be kept s? antee two (2) or three (3) year lease: y desired:
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