

Address: _____

Leasee

Name: _____

Address: _____

Email: _____

Home: _____ Cell: _____

Leasee's Attorney

Name: _____

Firm: _____

Address: _____

Email: _____

Office: _____ Fax: _____

Management Firm (Leasee)

Firm: _____

Acct Exec: _____

Office: _____

Email: _____

Leasee's Real Estate Salesperson

Name: _____

Firm: _____

Address: _____

Email: _____

Office: _____ Fax: _____

Agent's License #: _____

Firm Licnese #: _____

Deal Information

RENTAL CO-OP CONDO OTHER

Corp/Condo Name: _____

Rent: _____

Inclusions: _____

Lease Starting Date: _____

Lease Ending Date: _____

Maintenance/Common Charges: _____

Assessment: _____

Apt #: _____ Date: _____

Leasor

Name: _____

Address: _____

Email: _____

Home: _____ Cell: _____

Leasor's Attorney

Name: _____

Firm: _____

Address: _____

Email: _____

Office: _____ Fax: _____

Management Firm (Leasor)

Address: _____

Closing Agent: _____

Fax: _____

Leasor's Real Estate Salesperson

Name: _____

Firm: _____

Address: _____

Email: _____

Office: _____ Fax: _____

Agent's License #: _____

Firm Licnese #: _____

Credit Check: YES NO

Contingencies: _____

Commission: _____

Leasee's Agent: _____

Leasor's Agent: _____

Deal #: _____

Misc. Comments: _____

