

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Unit Information**

Building No. \_\_\_\_\_ Unit No. \_\_\_\_\_

Square Footage: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Any Special Requirements: \_\_\_\_\_

(Example: Zoning)

Comments: \_\_\_\_\_

- Deposit Structure:
- 5% Today
  - 5% 60 Days
  - 5% 120 Days
  - 5% 180 Days

*Total Deposit required on occupancy is 30%*