

Name of Business: _____
Address: _____
S/F of Business: _____
Employees: _____
Monthly Lease Rate: _____
Monthly Taxes: _____
Gross Income: _____
Net Income: _____
Common Area Maintenance (CAM): _____
Lease From: _____ to _____

Total Gross Lease (Incl. Taxes & CAM): _____
Equipment Value: _____
Capacity: _____
Years Established: _____
Accountants Name & No. _____
Address: _____
Phone: _____ Fax: _____
Lawyers Name & No. _____
Address: _____
Phone: _____ Fax: _____