

Tenant Information Form

COMPANY INFORMATION	
Premises Address	Suite No.
Company Name	<input type="checkbox"/> Corp/LLC <input type="checkbox"/> Partnership/LLP <input type="checkbox"/> Sole
Federal Tax ID or SSN	Regular Business Hours
Primary Contact	Title
Email Address of Contact	
Email Address for Monthly Rent Statements <i>(provide multiple email addresses separated with a comma)</i>	
Business Phone	Business Fax

GENERAL LIABILITY INSURANCE INFORMATION	
Insurance Agent	Agent Phone
Insurance Company <i>(Gen Liability)</i>	Policy Number

OWNER/PRINCIPAL INFORMATION	
Name	Title
Home Address	City, State & Zip
Home Phone	Cell Phone
Name	Title
Home Address	City, State & Zip
Home Phone	Cell Phone

AFTER HOURS EMERGENCY INFORMATION	
Primary Contact	Title
Cell Phone	Alternate Phone
Secondary Contact	Title
Cell Phone	Alternate Phone

Fax to 818-717-0257 or email to ccabanting@tscorealestate.com