

OFFICE TEXT FORM



Property No. _____ - _____

REQUIRED FIELDS

Phone: 972-248-4154 Fax: 972-692-7651

* Numeric Field Only

Property Address

Property Name	
Address	
Suite	
City	
State	
Zip	
County	
Country	

Primary Contact Information

Company Name	<input type="checkbox"/> Broker
1 st Contact Name	<input type="checkbox"/> Broker
Title	<input type="checkbox"/> Broker
2 nd Contact Name	<input type="checkbox"/> Broker
Title	
Address	
Suite	
City	
State	
Zip	
County	
Phone	
Fax	
Email Address	
CC Email 1	
CC Email 2	
CC Email 3	

Property Information

Availability	<input type="checkbox"/> Sell <input type="checkbox"/> Lease <input type="checkbox"/> Sublease <input type="checkbox"/> Sale or Lease
Zoning	
Sale Price*	
Cap Rate*	
Price per sq. ft.*	
Land Area*	
Bldg. Size*	
Min Term*	
Max Term*	
Min Sq. Ft.*	
Max Sq. Ft.*	
Contiguous Sq. Ft.*	
Min. Lease Rate*	
Max. Lease Rate*	
Finish Out	
Year Built*	
Year Renovated*	
Escalations*	
Passthroughs	
Options	
Parking Spaces*	
Number of Floors*	

Additional Contact Information

Company Name	
1 st Contact Name	
Title	
2 nd Contact Name	
Title	
Address	
Suite	
City	
State	
Zip	
County	
Phone	
Fax	
Email Address	
CC Email 1	
CC Email 2	