

TENANT INFORMATION FORM

(Following Move-In)

COMPANY INFORMATION				
FULL/OFFICIAL CO. NAME:				
DBA:				
TYPE OF BUSINESS:				
DAILY CONTACT INFORMATION				
NAME:				
TITLE:				
SIGNATURE:				
CEO/HIGHEST OFFICIAL AT THIS LOCATION				
NAME:				
TITLE:				
AFTER-HOURS EMERGENCY CONTACTS				
#1 NAME:				
#1 AFTER-HOURS PHONE #				
#2 NAME:				
#2 AFTER-HOURS PHONE #:				
ACCOUNTS PAYABLE CONTACT				
NAME:				
PHONE #:				
BILLING ADDRESS:				
AUTHORIZED OFFICIALS				
NAME:				
TITLE:				
SIGNATURE:				
NAME:				
TITLE:				
SIGNATURE:				
LOCATION INFORMATION				
LOCATION TYPE (Circle One):	Corp. Hqtrs.	Region Hqtrs.	Branch	Sole Location
# OF LOCATION EMPLOYEES:				

Please complete this form and return it to us as soon as possible after your move-in to the Management Office located at 3535 Market Street Ground Floor, Suite 30A Philadelphia, PA 19104 or you may fax it to us at (215) 387-5508. Thank you.