



COMMERCIAL FULL SERVICE OFFICE LEASE SUMMARY

Lease Date: _____

Landlord: _____

Landlord Address: _____

Landlord Phone: _____

Landlord Fax: _____

Landlord E-Mail: _____

Tenant: _____

Tenant Address: _____

Tenant Phone: _____

Tenant Fax: _____

Tenant E-Mail: _____

Property Manager: _____

Manager Address: _____

Manager Phone: _____

Manager Fax: _____

Manager E-Mail: _____

Building: _____

Premises: square feet on the floor of the Building, as shown on the floor plan(s) included as **Exhibit "A"** attached hereto

Original Term: months (or such shorter period as may be dictated by the Termination Date defined below)

Renewal Term(s): months (first renewal term)

Commencement The first to occur of (a) _____, _____ or (b) the date Tenant occupies the Premises with the written consent of Landlord

Rent: **Basic Rent** \$ _____
Prepaid Rent of \$ _____ on or before the Commencement Date
Additional Rent as provided in Section 2(b) of this Lease and elsewhere throughout this Lease

Security Deposit: \$ _____

**Proportionate
Share:**

_____ (obtained by dividing Tenant's square footage by the Building rentable square footage of

Expense Stop:

\$ _____
Base Year

**Tenant Improvement
Allowance:**

\$ _____ per square foot of rentable area of the Premises or gross amount of \$ _____

Brokers:

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