

 **PRIME COMMERCIAL**
INCORPORATED
TENANT INFORMATION SHEET

In some cases we experience after-hour emergencies. In order to promptly and safely notify you Prime Commercial, Inc. requests that three Emergency Contacts be registered with our office. This information will be used only for notification of emergency situations. In the event of a change in personnel, please notify us at (408) 879-4000. We would appreciate your completion and return of this form within one week of receipt. Thank you.

The lease requires that notice and billing addresses be provided in writing accompanied by the signature of tenant's authorized representative.

COMPANY NAME: _____ (Name business is conducted under)

Address: _____ Office Phone Number: _____
_____ Office Fax Number: _____

Hours of Operation M-F: _____ AM to _____ PM Weekend Hours: _____ AM to _____ PM # of Employees: _____
Type of Business: _____ Company Web Site Address: _____

EMERGENCY CONTACTS:

1	_____	_____	_____	_____
	(Name)	(Title)	(Home Phone)	(Cell)
2	_____	_____	_____	_____
	(Name)	(Title)	(Home Phone)	(Cell)

CORPORATE CONTACT & NOTICE ADDRESS: *(refers to person who handles leasing issues, legal issues, and corporate issues)*

Name: _____ Address: _____
Title: _____
Phone _____
Fax: _____
E-Mail: _____

LOCAL CONTACT: *(Responsible for day-to-day operations at the local facility)*

Name: _____ Address: _____
Title: _____
Phone _____
Fax: _____
E-Mail: _____

PROPERTY MANAGEMENT CONTACT: *(Responsible for overall Management of facility-if different than local contact)*

Name: _____ Address: _____
Title: _____
Phone _____
Fax: _____
E-Mail: _____

ACCOUNTING CONTACT: *(refers to person who handles invoices, payments, and accounting issues)*

Name: _____ Address: _____
Title: _____
Phone _____
Fax: _____
E-Mail: _____

Authorized Signature by: _____ Date: _____

Print Name: _____