

BUILDING : 1055 West Georgia Street

Tenant Name : _____	Legal Name : _____
Suite No. : _____	Business (Office/Retail) : _____
Mailing Address : _____	Operating Hours : From: _____
_____	To: _____
_____	Number of Employees : _____
Main Phone No. : _____	Type of Business : _____
Fax No. : _____	Internet Web Site : _____

<u>TENANT REPRESENTATIVE</u> (All Correspondence & Tenant Service Authorization)	<u>ACCOUNTING CONTACT</u> (Rental Statements & Invoicing)
Name : _____	Name : _____
Title : _____	Title : _____
Mailing Address : _____	Mailing Address : _____
_____	_____
Phone No. : _____	Phone No. : _____
Fax No. : _____	Fax No. : _____
E-Mail Address : _____	E-Mail Address : _____

<u>SENIOR CONTACT</u> (Leasing/Financing Information)	<u>OTHER CONTACT</u> (Specify Department)
Name : _____	Name : _____
Title : _____	Title : _____
Mailing Address : _____	Mailing Address : _____
_____	_____
Phone No. : _____	Phone No. : _____
Fax No. : _____	Fax No. : _____
E-Mail Address : _____	E-Mail Address : _____

<u>EMERGENCY CONTACTS</u> (After Hours Emergencies Home Phone No.'s)	
Name (Contact #1) : _____	Name (Contact #3) : _____
Phone No. : _____	Phone No. : _____
Name (Contact #2) : _____	Name (Contact #4) : _____
Phone No. : _____	Phone No. : _____

Date Completed : _____	Completed By : _____
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