



# WOODFIELD GROVE BUSINESS CENTER

Lease Application / Please Print

COMPANY NAME \_\_\_\_\_

NAME ON LEASE IF DIFFERENT THAN ABOVE \_\_\_\_\_

CURRENT ADDRESS

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_ STATE INCORPORATED \_\_\_\_\_

TAX ID NO. \_\_\_\_\_ OR SOC. SEC. NO. \_\_\_\_\_

OWNER/PRESIDENT \_\_\_\_\_

LOCAL CONTACT \_\_\_\_\_

MOBILE NUMBER OF LOCAL CONTACT \_\_\_\_\_

ESTIMATED DATE OF OCCUPANCY \_\_\_\_\_

Please email completed form to: [info@woodfieldgrove.com](mailto:info@woodfieldgrove.com)