



USA MANAGEMENT
35110 Euclid Ave.
Willoughby, Ohio 44094
Phone - 440-942-8770
Fax - 440-918-1949

USA MANAGEMENT LEASE PROPOSAL

Date: _____

Lessor: _____

Lessee(s): _____

Lessee(s) Address: _____

Lessee email: _____

Building: _____

Suite: _____

Sq. Ft.: Approximately S/F

Term: _____ Years

**Lease
Commencement:**

Rent:	Years	Monthly Rent	Annual Rent

Annual Increase: 4%

Lease Form: Landlord Lease Form

Rent Commence Date: _____

Use: _____

**Refundable
Security Deposit:**

Advance Rent Due:

Utilities:

Triple Net Charges:

Lessee pays its pro rata share of:

1. Insurance s/f estimate

2. Real Estate Taxes s/f estimate

3. Expenses s/f estimate

Notes:

1.

2.

3.

4.

5.

**Proposal Expiration
Date**

This is neither a lease nor a contract to make a lease, but rather facts upon which a lease may be drafted. There shall be no lease until incorporated into a final written lease signed by both parties.

Lessee Approval:

Lessor Approval:

By **Date**

by **Date**
Property Owner representative

Leasing Agent:

Date

TENANT INFORMATION SHEET

Property Reference No.: _____ Move-in Date _____

Lessee(s) Name(s): _____

PLEASE STATE FULL LEGAL NAME WITH ANY NICKNAME(S) FOLLOWING IN PARENTHESIS

Current Information of Lessee(s)/Company Owner(s): (Use reverse side for additional space if needed)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss
_____ NAME (NICKNAME IN PARENTHESIS)	_____ NAME (NICKNAME IN PARENTHESIS)
_____ POSITION/TITLE	_____ POSITION/TITLE
_____ SOCIAL SECURITY No./DOB	_____ SOCIAL SECURITY No./DOB
_____ DRIVER'S LICENSE No.	_____ DRIVER'S LICENSE No.
_____ STREET ADDRESS	_____ STREET ADDRESS
_____ CITY, STATE ZIP	_____ CITY, STATE ZIP
_____ EMAIL ADDRESS	_____ EMAIL ADDRESS
_____ PHONE No.	_____ PHONE No.
_____ EMERGENCY CONTACT NAME	_____ EMERGENCY CONTACT NAME
_____ EMERGENCY CONTACT PHONE	_____ EMERGENCY CONTACT PHONE

Current Information of Company:
Company Name/Type of Business _____
Company Address _____
Telephone No.: _____ Fax No.: _____
Accounts Payable Contact (Name) _____
A/P Daytime Telephone No./Ext.: _____
Bank Name: _____ Bank Account No.: _____

Please provide the following with this Tenant Information Sheet (if not already submitted):

- Photocopy of Drivers License (all Lessees/Company Owners)
- Certificate of Insurance for leased premises (see Lease for criteria)
- Payment of Security Deposit and First Month's Rent (see Lease for criteria)