



2755 Border Lake Rd, Suite 102
Apopka, FL 32703
321-754-1360

Date: _____

How did you hear about us?

- Google / Search Engine / Website
- Postcard Mailing
- Craigslist
- Drive By
- DOSO Office Suites Tenant/Referral
- Newspaper/Advertising

Name of Business: _____

Business Owner Name(s):

Business Owner's Home Address:
(must be physical address, not a PO Box)

Business Owner Cell Phone: _____

Business Owner Email: _____

Type of Business (be descriptive):

Emergency Contact Person: _____

Emergency Contact Phone: _____

Emergency Contact Email: _____

LEASE APPLICATION

Type of lease interested in:

- Physical Office Lease
- Virtual - 6mo (\$390 + \$25.35 tax = \$415.35)
- Virtual - 12mo (\$600.00 + \$35.00 tax=\$635.00)

Number of Employees: _____

Approximate # of Guests Daily: _____

Business EIN # _____

Personal SS # _____

Business Web Site Address: _____

Business E-Mail Address: _____

Business Phone Number: _____

Business Reference (Company): _____

Business Reference (Contact Name): _____

Business Reference (Phone Number): _____

Business Reference (Email): _____

Vehicle(s): _____

License # Make Model Color

License # Make Model Color

License # Make Model Color

Copy of Leaseholder's Driver's License or Government-Issued ID required with application.
Upon submission of this application, Applicant agrees to a criminal background check.
Please initial here that you have read and acknowledge this. _____