**TENANT: Office, Billing & Emergency Contact Information**

**OFFICE INFORMATION:**

BUSINESS NAME:

ADDRESS: SUITE#:

CITY: ZIP:

OFFICE CONTACT:

PH #: FAX #:

EMAIL:

**BILLING INFORMATION:**

BILLING CONTACT:

PH #: FAX #:

EMAIL:

BILLING ADDRESS: SUITE#:

CITY: ZIP:

PREFERRED METHOD OF BILLING: FAX or \_\_\_\_\_\_\_\_\_\_ EMAIL

**EMERGENCY CONTACT LIST (Confidential):**

 **NAME PHONE EMAIL**

**1**

**2**

**3**

***Please complete this form and fax it to 954-746-7306 or email to*** ***leasing@genetgroup.com***