



DOWNTOWN SOUTH

2750 Taylor Ave, Suite A-21
Orlando, FL 32806
407-270-7377

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 (\$299.70 + \$17.98 tax = \$317.68)
- Virtual - 12mo (\$359.40 + \$21.56 tax=\$380.96)

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

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Submit this application via email to info@dosoofficesuites.com

**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. _____**