



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

Please fill out completely, then scan
and submit this application via email to:
info@dosofficesuites.com

Type of Lease:

- ☐ Physical Office Lease
☐ Virtual – 6 mo (\$299.94) Equivalent to \$49.99/mo
☐ Virtual – 12 mo (\$384.00) Equivalent to \$32.00/mo

Number of Employees: _____

Approximate # of Guests Daily: _____

Business EIN # _____

Personal SSN # _____

Business Website Address (if you have one): _____

Business Email Address: _____

Business Phone Number: _____

Business Reference Company:

(Anyone who has done business with you, i.e, Landlord)

Business Reference Contact Name: _____

Business Reference Phone Number: _____

Business Reference Email: _____

Vehicle(s):

License #	Make	Model	Color
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License #	Make	Model	Color
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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.