DOSO OFFICE SUITES DOWNTOWN SOUTH

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

LEASE APPLICATION

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

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:

_____

Type of Lease:

- Physical Office Lease
- Virtual – 6 mo ($312.00) Equivalent to $52.00/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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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.