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Call Toll Free: (800) 339-5806

SPACE REQUIRMENT

Please complete this form, and fax it to (718)-228-8977. We will review the form in the order which it was received and contact you as soon as possible. All the information submitted will remain confidential and will not be disclosed to the third party.

Date: _____ Name: _____

Contact Information:

Phone Number: Day (___)_____-_____ Night (___)_____-_____

E-Mail: _____

How Can We Assist You?

[ ] Purchasing [ ] Leasing [ ] Selling: _____

If for Business Purposes, what Type of Business or Use: (Example: Restaurant, Warehouse, Office, Furniture, etc.) _____

If you are Selling, What is it?: (For example: Apartment, Building, Business, Warehouse, etc.)

_____

Requirements:

Size: Minimum: _____S.F. to Maximum: _____S.F.

Location: _____ (City, State)

Budget and Finance:

Purchasing: Target Price You Want to Pay: $_____

Leasing: Monthly Rent You Want to Pay: $_____

Selling: Target Price: $_____

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