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**Commercial Real Estate Lease Intake 832.216.3780**

Please complete the questionnaire. \* Indicates required field

**About the Client:**

|  |  |
| --- | --- |
| Client Name **\*** |  |
| Business Name |  |
| Phone **\*** |  |
| Email **\*** |  |
| Best way to contact |  |
| Best time to call |  |
| Referred by |  |
| Are you working with another agent? | Yes  No  |
| Would you like our firm to represent you in your search, negotiations and lease structuring? | Yes  No  |

**About the business:**

|  |  |
| --- | --- |
| Other decision makers/partners |  |
| What type of business? |  |
| How long have you been in business? |  |
| Hours of operation? |  |
| Number of employees? |  |
| Who are your typical customers? |  |
| How do your customers find your business? |  |
| Other existing locations? Where? |  |
| Other businesses that complement your business? |  |
| Keep the search confidential (concerned about employees, competitors, etc)? | Yes   No   |

**About the space:**

|  |  |
| --- | --- |
| What is your timeline - when do you need the space? |  |
| Building size and layout? |  |
| Lot size (parking)? |  |
| What will the space be used for? |  |
| Where is your ideal location (county/ area/ city/ etc.) |  |
| Any particular type of area/neighborhood/demographics? |  |
| Appearance/location type (office/professional setting, retail, industrial area, etc)? |  |
| Traffic requirements (main road, secondary, etc)? |  |
| Client/customer access (foot traffic)? |  |
| Space requirements (a must/nice to have). Check all that applies. | Open Space  Offices First Floor  Higher Floors Kitchen  Conference Room Loading Dock  Drive-in/Rollup Door  Security  Storage Space  Internet Connection  Phone Highway Access  Freight Access Refrigeration  Fire Sprinklers Water Access  Street Frontage Bathroom  Sinks Hazmat Storage  Delivery Parking American With Disabilities (ADA) Compliance   |
| Ceiling Height |  |
| Forklift Height |  |
| Electrical Requirements |  |
| Number of Parking Spaces |  |

**Lease Type (Gross, NNN, Full Service):**

|  |  |
| --- | --- |
| What is the maximum rent budget (base rent plus NNN)? |  |
| What are you currently paying for rent? |  |
| Lease type? |  |
| Lease term? |  |
| Option (s) to renew? |  |
| What is your tenant improvement budget? |  |
| What other factors are important in the lease? |  |

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