Lordae Property Management 1 New King Street West Harrison, NY 10604

Phone (914) 448-8300

www.lordae.com

Fax (914) 448-8356

Dear New Tenant,

We welcome you and wish you success in starting your new business. Please take a few moments and fill out the enclosed tenant information sheet.

It is important that we have this information as it is required by the management company.

Please refer to the enclosed letter in regards to your business insurance, the letter contains the entities that need to be listed as additionally insured on your policy. You must have the proper insurance as per your lease. Failure to comply could result in your lease being terminated, and, all deposits forfeited.

Additionally, enclosed is a list of your electric and/or gas meters, if applicable. You are responsible for setting up that account in your name directly with the electric/gas company.

Lastly, an electronic direct deposit form (ACH form) is enclosed, in order that your rent will be deducted every month, from your bank account.

You can e-mail completed forms to tom@lordae.com, mail to the above address, or fax to 914-448-8356. Please respond within thirty days of this notice.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Thomas R. Fitzgibbons

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Estimado Nuevo Inquilino,

Le damos la bienvenida y le deseamos éxito en el inicio de su nuevo negocio. Por favor tómese unos momentos para llenar la hoja adjunta de información del inquilino.

Es importante que tengamos esta información, ya que es requerido por nuestra compañía.

Por favor consulte la carta adjunta con respecto al seguro de su negocio. La carta contiene las entidades que deben ser añadidas y aseguradas en su póliza. Usted debe tener el seguro apropiado según su contrato de arrendamiento. El incumplimiento puede resultar en terminación de su contrato y perder todos los depósitos.

Adjunto también le enviamos la lista de medidores eléctricos y/o de gas, si es que aplica a su local. Usted es responsable de establecer las cuentas a su nombre con las compañías de utilidad que correspondan.

Por último, incluimos un formulario de depósito electrónico directo (formulario ACH) para que su renta sea deducida mensualmente de su cuenta bancaria.

Nos puede enviar los formularios completos por email a tom@lordae.com, por correo a la dirección de arriba de esta carta, o por fax al (914) 448-8356,. Por favor, responda dentro de los treinta días de este aviso.

Gracias de antemano	por	su	cooperación	en	este	asunto.

Atentamente,				
Thomas R. Fitzgibbons				

Lordae Property Management 1 New King Street, Suite 201 West Harrison, NY 10604

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	Below is information you may find use	eful in performing your lease obligations.
•	This is your Unit Code	Please write it in the note section of all
	payments sent to Lordae. It helps to en	sure your payment is applied properly.

- All rental statements are sent out via email only. Please ensure that we have your current email address.
- Rent is due on the 1st of each month. Late after the 5th of the month and a Late fee will be assessed after the 10th on all unpaid rents.
- You are required to build out you store in a legal fashion. All required permits
 must be obtained and properly posted. You will be libel for any fines assessed
 against the property due to your negligents.
- You are required to put any Electric & Gas meter accounts associated with your unit into you/ your business name within one week of the lease signing. Meter info will be supplied in your welcome package.
- You are required to have correct and current business insurance per your lease and the proper listing of the entities to be listed as additionally insured per the letter send in you welcome package.
- You are required to have Three months' rent as security at all times. Rent increase usually occur January 1st. Please note this when paying your January statement
- If applicable to your lease. Real Estate Tax Reconciliation is billed out once a year. June 1st.
- If applicable to your lease Common Area Reconciliation is billed out once a year on March 1st.
- Your water use is monitored and will be reconciled and billed out on an ongoing manner.
- For additional information visit our website at www.Lordae.com

LORDAE PROPERTY MANAGEMENT

I New King Street West Harrison, NY 10604(914) 448-8300 · Fax (914) 448-8356



NEW TENANT INFORMATION

UNIT #	
Congratulations on signing a new lease! We require the following additional information a	bout your business.
BUSINESS NAME / NOMBRE DEL NEGOCIO	
·	
BUSINESS ADDRESS / DIRECCIÓN DEL NEGOCIO	
· · · · · · · · · · · · · · · · · · ·	
	!
BILLING ADDRESS IF DIFFERENT FROM ABOVE / DIRECCIÓN DE CORREO SI ES DIFERENTE AL NEGOCIO	
· · · · · · · · · · · · · · · · · · ·	
BUSINESS PHONE NUMBER / NÚMERO DE TELÉFONO DEL NEGOCIO	
FAX NUMBER / NÚMERO DE FAX	
BUSINESS TAX ID # / NÚMERO DE IDENTIFICACIÓN DEL EMPLEADOR	
STORE MANAGER OR ADDITIONAL CONTACT / GERENTE DEL NEGOCIO O CONTACTO ADICIONAL	
***IMPORTANT! Your lease REQUIRES you to have a current CERTIFICATE OF INST	URANCE on file with

our office at all times. / Su contrato REQUIERE que tenga certificado de seguro con nosotros.

favor mandenos una copia de sus facturas de electricidad, gas, y agua.

***Please also send a copy of your electric, gas, and water utility bills to the office for our records. / Por

Authorization Agreement for Direct Debit of Rent

By signing below, I authorize Lordae Property Management to use my check information to create a monthly ACH direct debit of my account until such time as my tenancy is terminated or I revoke this permission in writing.

I understand and agree that the amount of the monthly debit will be my monthly rent plus any additional rents (e.g., water, CAM, taxes, etc.). I authorize Lordae to increase the amount of this debit in accordance with any rent increases scheduled in my lease agreement.

I understand Lordae may make the monthly debit b	etween the 1 st and the 10 th of each month.
Tenant's signature	Date
Printed name (and company name if applicable)	
Please enclose a check from the account you want information:	us to debit, OR fill in the following
Bank Name:	·
Bank Routing Number:	
Bank Account Number:	
Name on Account:	
Is this a checking or savings account?	