

Terms Sheet for Commercial Lease Agreement

1. Lessor: _____

Lessee: _____

2. Description of Leased Premises (Legal Description attached as Exhibit A).

3. Terms of Lease:

A. Projected commencement date: _____ (date)

B. Termination Date: _____ (date)

4. Rent:

A. Monthly installments of base rent: _____

B. Lessee's estimated monthly share of operating expenses: \$ _____

C. Amount of security deposit: _____

D. Percentage rent (if applicable, check applicable box):

Yes (describe below this lease)

No (not applicable to this lease)

5.

	Lessee Responsible	Lessor Responsible	Paid to Source	Reimburse Lessor
A. Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Gas (if provided)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Garbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Metering for Gas Service				

Separately metered

Not separately metered

Not applicable (gas service not provided)

6. Permitted Use: (describe)

7. Minimum Amount of Lessee's Casualty Insurance: \$ _____

8. Minimum Amount of Lessee's Comprehensive General Liability Insurance

\$ _____

9. Notices:

If to Lessor: _____

(Name of Person, Address, Phone Number, Fax Number, and E-Mail)

If to Lessee: _____

(Name of Person, Address, Phone Number, Fax Number, and E-Mail)

10. Effective Date: _____ (date)

11. Special Provisions (if any) _____

With our signature this _____ (date).

(Name of Lessee)

(Name of Lessor)

By: _____

By: _____

(Printed Name & Office in Corporation)

(Printed Name & Office in Corporation)

(Signature of Officer)

(Signature of Officer)

SAMPLE