

**POINTE PLAZA  
SUITE INFORMATION FORM**

Please provide the following information so that we may provide effective and timely assistance:

**General Information:**

**Number of Employees:** \_\_\_\_\_

Company Name: \_\_\_\_\_

Suite Number: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

**Responsible Person for Authorizing Work Order Request Users:**

Name: \_\_\_\_\_

**Lease Negotiations:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Invoices:**

Parent Company: \_\_\_\_\_  
(if applicable)

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Billing Contact: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_