

# Spirit Real Estate Group, LLC

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

Agent Contact: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

## Lease Verification – NOT AN INVOICE

Authorized Representative:

Please verify and correct if needed the following lease information for the client we have referred to you.  
Thank you very much for taking such great care of my client!

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

Property Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Property Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Client Name: \_\_\_\_\_ Registration #/ PO #:

Apartment #: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_

Length of Lease: \_\_\_\_\_

Moved In? \_\_\_\_\_ Yes, \_\_\_\_\_ No

Rent Amount: \$ \_\_\_\_\_

Commission Rate (% or Flat): \_\_\_\_\_

Total Invoice Amount: \$ \_\_\_\_\_

*By signing below the property agrees to the following:*

1. "Spirit" and/or \_\_\_\_\_ (agent) was listed on the guest card and application.
2. The information above is correct.

**\*\*\*** Email back to: \_\_\_\_\_ **\*\*\***

(Agent Email)

OR, Fax back to: (866)399-3818

\_\_\_\_\_  
Authorized Representative Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date