

RETAIL SPACE RENTAL DEPOSIT RECEIPT

Commercial Lease Agreement Document

Receipt No: _____

Date: _____

LANDLORD / LESSOR DETAILS

Company Name:

Representative:

Address:

Phone:

TENANT / LESSEE DETAILS

Business Name:

Representative:

Address:

Phone:

LEASED PREMISES DESCRIPTION

Property/Center Name:

Suite / Unit No:

Square Footage:

Street Address:

PAYMENT & DEPOSIT INFORMATION

Amount Received (\$):

Payment Date:

Amount in Words:

Payment Method:

- Cash
- Check (No: _____)
- Bank Transfer
- Credit Card

Deposit Type:

- Security Deposit

- Holding Deposit
- First Month's Rent
- Last Month's Rent

Terms and Conditions: The deposit received hereunder is subject to the terms and conditions of the Commercial Lease Agreement executed, or to be executed, between the Landlord and Tenant. If a holding deposit is made and the Tenant fails to execute the lease agreement within the designated timeframe, the Landlord reserves the right to retain the deposit as liquidated damages, subject to local state laws. This receipt does not constitute a lease agreement or a guarantee of tenancy.

Authorized Landlord Representative Signature

Date

Tenant / Lessee Signature (Acknowledgment)

Date