

COMMERCIAL LEASE DEPOSIT RECEIPT

Business Property Rental

RECEIPT NUMBER:

DATE:

LANDLORD / LESSOR

COMPANY NAME:

CONTACT PERSON:

ADDRESS:

PHONE / EMAIL:

TENANT / LESSEE

COMPANY NAME:

CONTACT PERSON:

ADDRESS:

PHONE / EMAIL:

LEASED PREMISES DESCRIPTION

PROPERTY ADDRESS / SUITE NUMBER:

DEPOSIT DETAILS

DESCRIPTION	AMOUNT (\$)
Security Deposit	
Holding Deposit (if applicable)	
First Month's Rent	
Other Deposit (specify):	
TOTAL RECEIVED	

PAYMENT METHOD

- Check
 Bank Wire

Credit Card

Cash

REF/CHECK NO:

The deposit(s) detailed above have been received by the Landlord/Lessor. Security deposits are held in accordance with the terms and conditions outlined in the Commercial Lease Agreement. Any return of deposits upon termination of lease shall be subject to inspection of the premises and fulfillment of all tenant obligations under the terms of said lease agreement.

LANDLORD / AUTHORIZED REPRESENTATIVE SIGNATURE

DATE:

TENANT / LESSEE SIGNATURE

DATE: