

OFFICE SPACE LEASE AGREEMENT

Location: _____ Effective Date: _____

Parties:

Landlord Name: _____

Landlord Address: _____

Tenant Name: _____

Tenant Address: _____

Premises:

Office Space Address: _____

Suite/Unit Number: _____

Square Footage: _____

Term:

Lease Commencement Date: _____

Lease Expiration Date: _____

Renewal Options: _____

Rent and Payment Terms:

Base Rent: _____ USD per month

Security Deposit: _____

Payment Due Date: _____

Late Payment Fees: _____

Use of Premises:

Permitted Use: _____

Prohibited Activities: _____

Maintenance and Repairs:

Landlord Responsibilities: _____

Tenant Responsibilities: _____

Utilities and Services:

Utilities Paid By Landlord: _____

Utilities Paid By Tenant: _____

Insurance and Liability:

Landlord Insurance Obligations: _____

Tenant Insurance Obligations: _____

Indemnification: _____

Default and Termination:

Events of Default: _____

Landlord Remedies: _____

Tenant Remedies: _____

LANDLORD'S SIGNATURE

TENANT'S SIGNATURE

Signature: _____

Signature: _____

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