



## Lincoln Harris, CSG New Tenant Contact Information

Tenant/Practice: \_\_\_\_\_ Suite #: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Invoices: Mailed or Emailed

Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal(s) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Backline Phone: \_\_\_\_\_

Office Manager: \_\_\_\_\_ Direct #: \_\_\_\_\_  
Email: \_\_\_\_\_

Office Asst. Mgr: \_\_\_\_\_ Direct #: \_\_\_\_\_  
Email: \_\_\_\_\_

1st Emergency Contact \_\_\_\_\_ Email: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_

2nd Emergency Contact \_\_\_\_\_ Email: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_

3rd Emergency Contact \_\_\_\_\_ Email: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_

**Please complete and return to: Kendall Stokley  
email: [kstokley@lpc.com](mailto:kstokley@lpc.com) or fax: 936.441.0063**