| Miletverzeichnis |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|------------------|----------------------------|------------|---------------------|-------------------------|---------------------------|--------------------|--|-----------------------|----------------------------|--------------------------------|-------------|----------|
| Kunde            | (Name, A                   | nschrift): |                     |                         |                           |                    |  |                       |                            |                                |             |          |
| Objekt           |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
| Objekt 2)        |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
| Objekt 3)        |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
| Mietei           | nnahmen                    | pro Monat  |                     |                         |                           |                    |  |                       |                            |                                |             |          |
| Objekt<br>Nr.    | Lage<br>(KG,EG,<br>OG, DG) | Mieter     | Datum<br>Mietbeginn |                         | ngsart<br>Gewerb<br>-lich | m²<br>- <b>A</b> - | Kaltmiete<br>(exkl. Ust.)<br>in €<br>- B - | Neben-<br>kosten in € | Miete ins-<br>gesamt in €  | EUR/m²<br>Kaltmiete<br>(B+C)/A | Eingang auf |          |
|                  |                            |            |                     | Wohn-<br>wirt.          |                           |                    |  |                       |                            |                                | Konto       | BLZ/Bank |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         | Sumr                      | men:               |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
|                  |                            |            |                     |                         |                           |                    |  |                       |                            |                                |             |          |
| Ort/Datum        |                            |            |                     | Unterschrift Eigentümer |                           |                    |  |                       | Unterschrift Kundenberater |                                |             |          |