

Specialty Leasing

Application Form

Company Information

Business Name: _____

Contact Name: _____

Business Address: _____

Legal Name: _____

Tel.: _____ Home: _____

Cell: _____ Fax: _____

Email: _____

Proposed Business Terms

Description of Business: _____

Kiosk: _____ MRU: _____ In-line: _____

Lease Term: _____ From: _____ To: _____

Storage Required? _____

Merchandise/Product Line

Explain your retail concept, business identity and/or theme:

What type of merchandise will you sell? (Attach pictures, etc.)

Projected Sales

What do you estimate for average monthly sales? \$ _____

What do you estimate for average sales during holiday term (Nov - Dec)? \$ _____

Visual Merchandising

Describe the visual merchandising plans for your new retail location attach pictures if necessary:

Type of Feature: _____

Colour Scheme: _____

Props: _____

Signage: _____

References

Please list business references that may be contacted

Name: _____ Ph.: _____

Name: _____ Ph.: _____

Have you ever had a retail business in a shopping Centre?

Yes ___ No ___

If yes, where: _____

What type of business did you have?

Please return this application along with any other additional information