

SPECIALTY LEASING APPLICATION

Date:

Shopping Centre:

Tenant Legal Name:

Tenant Trade Name:

Tenant Legal Address:

Home Address:

Contact Person:

Telephone Number:

Cell Number:

Home Number:

Fax Number:

eMail address:

Length of time in business and existing retail operations:.....

.....

GST Number:

Description of Merchandising Concept:

.....

Merchandising Plans/Photos/Sketches to be included:.....

.....

A detailed sketch of cart layout, merchandising plans or photos, must accompany this application.

Dates Requested:

Description of Products to be featured:

.....

Additional Fixtures/Props to be used:

.....

Description of Packaging:

Return Policy:

Target Market:

Projected Sales per Week:

Price Points:

Forward Completed form to:
Pen Centre - 221 Glendale Avenue, St. Catharines, ON L2T 2K9
Attention: Mr. Michael Reid
SPECIALTY LEASING MANAGER