

SPECIALTY LEASING APPLICATION



Date _____

First Name _____ Last Name _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-Mail _____

Home Phone _____ Other Phone _____

Product / Service Description

Product Price Range \$ _____ to \$ _____

***Please attach sample products, photos of your retail set-ups or brochures of product line. ***
Note: These samples, photos, etc. will become the property of Short Pump Town Center and will not be returned.

List Retail Experience: _____

Projected Monthly Sales Volume _____

Rental Period Desired _____

What are you interested in leasing? RMU In-Line Store

If you are interested in an in-line store, how many square feet do you require? _____

Business Type (Check One) Sole Proprietor Partnership Corporation

Please attach a copy of your business plan to this application.

Completion and submission of this application is not to be construed in any way as a commitment to enter into a License with applicant.

Short Pump Town Center
11800 West Broad Street
Richmond, Virginia 23233
Phone (804) 364-9500
Fax (804) 364-9505

REFERENCES

Center

Contact Name

Phone Number

Approximate Dates

Average Weekly Gross Sales

Center

Contact Name

Phone Number

Approximate Dates

Average Weekly Gross Sales

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Contact Name

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