

SPECIALTY LEASING APPLICATION FOR SPACE

Date: _____

Center(s) of Interest: _____ / _____ / _____
_____ / _____ / _____ / _____

Corporate Name: _____

State of Incorporation: _____

(Doing Business As "dba"): _____

Business Address: _____

Owner(s) Name(s): _____

Contact Name(s): _____

Phone Numbers: (Office) _____ (Cellular) _____ (Fax) _____

E-mail Address: _____

SSN#: _____ Is this a new Business? Y/N _____

Vendor I.D. #: _____

Have you been a merchant in our shopping center previously? _____

If so, when and which one? _____

If not, list other malls/developers that you have worked with: (please include references) _____

What type of products do you plan to sell? (be specific) _____

Price range of products you plan to sell: _____

What type of set-up is required? RMU _____ Kiosk _____ In-Line _____

If Kiosk or RMU: Landlord's _____ Tenant's _____

Dimensions/Square footage desired: _____

Projected Opening date: _____ Projected sales volume: _____

Length of time desired: _____

RETURN COMPLETED FORM TO:

E-Mail to: dmancuso@cafarocompany.com

or

Fax to: (330) 743-2902 Attn: Dan Mancuso