



Specialty Leasing Program – Application for Space

MERCHANT INFORMATION:

Contact Name: _____

Corporate Name: _____

Store Name (DBA): _____

Business Address: _____

Home Address: _____

Phone #'s: Home: _____ Business: _____

Fax: _____ Email: _____

Social Security #: _____ Federal I.D. #: _____

Drivers License #: _____ State Where Issued: _____

BUSINESS EXPERIENCE:

Is this the first time you have been in business? Yes _____ No _____

Business will be: Sole Proprietorship _____ Partnership _____ Corporation _____

What were your average weekly sales in your recent business, if applicable? _____

What was your retail concept? _____

Are you still operating a business in another center? Yes _____ No _____

If yes, please list location(s) or previous location(s): _____

PRODUCT INFORMATION:

What type of set-up will you require? RMU: _____ KIOSK _____ IN-LINE _____

What is your proposed retail concept/merchandise:

Projected opening date? _____ Expected length of term? _____

What is the selling price of your product? _____ Mark-Up?: _____

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FINANCIAL INFORMATION:

Bank Name: _____ Bank Phone #: _____

Bank Address: _____

Business Account Number: _____

List three (3) credit references:

Name:	Phone Number:
1. _____	_____
2. _____	_____
3. _____	_____

Applicant Name: _____ Date: _____

Please submit your completed application with photographs and/or samples to the address listed below:

YORKTOWN CENTER
Attn: Specialty Leasing Department
203 Yorktown
Lombard, Illinois 60148
Phone: (630) 629-7330

Please Note: Photographs and/or samples will not be returned unless accompanied by a self-addressed, stamped envelope.