

The Shops At Tanforan
Specialty Leasing Application

This is for informational purposes only and is not to be considered in any way a commitment to enter into a License Agreement with the applicant.

- Due to the high volume of requests, only applications meeting our space availability and Specialty Leasing Program needs will be responded to.
- All other applications will be filed and referenced upon availability.

Interested In: (Check all that apply):

_____ In-Line: Size Requirements _____ square feet

_____ RMU (Cart)

Tenant Legal Name: _____

Business Trade Name / DBA: _____

Contact Name: _____

Social Security #: _____ Federal Tax ID #: _____

Business Address: _____

Home Address: _____

Business Phone: _____ Home Phone: _____

Email address: _____

Fax #: _____ Cell/Pager #: _____

Items to be sold (please describe in detail):

Product Price Range: _____ Average Wholesale Price: _____ Mark Up: _____

Desired Term (include earliest start date):

Projected Monthly Sales:

***Please include any photos that may be relevant, including, but not limited to, merchandise, existing stores/carts, product catalogs, samples. Please note: Sample merchandise, catalogs, photographs, etc. will not be returned.*

Credit References:

Bank Name: _____ Bank Phone: _____

Bank Address: _____

Have you ever been a Specialty Retailer at a shopping center before? Yes____ No____
If yes, list centers below (attach additional sheet, if necessary)

Shopping Center / Location:	Term	Annual Gross Sales
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

What do you project your monthly sales to be? \$ _____

Will you be working at your store on a regular basis? Yes____ No____

How many employees will be hired? _____

I/we hereby authorize The Shops At Tanforan to verify all information on this application by contacting the sources listed herein or any other sources available. I/we understand that information that does not verify, or cannot be verified, may result in this application not being approved. The undersigned certifies that the above is true and correct.

Applicant(s): _____ Date: _____

Signature

Printed Name

PLEASE RETURN THIS COMPLETED FORM ALONG WITH PICTURES OF YOUR
CURRENT BUSINESS AND/OR PRODUCT LINE INFORMATION TO:

Attn: Irene Wu
The Shops At Tanforan
1150 El Camino Real, Suite 170
Fax: 650-873-4210 IreneWu@forestcity.net