

GRAND MARKETPLACE

APPLICATION FORM

Short term leasing preliminary application

Personal/Business info

SURNAME: DATE.....

FIRST NAME:..... STORE NAME:.....

HOME ADDRESS:.....

BUSINESS ADDRESS.....

SOCIAL SECURITY #..... DRIVERS LICENCE #.....

FEDERAL TAX ID#.....

TEL (H) TEL (B).....

TEL (C)..... E-MAIL.....

Application Type Sole proprietor Partnership..... Corporation.....

Space requested - Kiosk..... Store.....

LEASE TERM: WE OFFER A 1 YEAR LEASE

MERCHANDISE YOU WILL BE SELLING

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SIGATURE OF APPLICANT:.....Date.....

Please fax the application back to 609 877 1242