



SPECIALTY LEASING APPLICATION

CONTACT NAME: _____ CONTACT #: _____

EMAIL: _____ COMPANY NAME: _____

COMPANY ADDRESS: _____

TRADE NAME: _____ WEBSITE: _____

DESCRIPTION OF BUSINESS/RETAIL CONCEPT/SERVICE: _____

PRICE POINT: _____

TARGET CUSTOMER: _____

MERCHANDISE PLANS/PHOTOS: upload file

DO YOU HAVE A VISUAL MERCHANDISER? Yes No

TYPE OF LOCATION REQUIRED: RMU KIOSK INLINE OTHER: _____

LENGTH OF TERM REQUESTING: _____

IF AVAILABLE, DO YOU REQUIRE STORAGE AT AN ADDITIONAL COST? Yes No

LIST OF CURRENT LOCATIONS: _____

AVERAGE SALES PER MONTH: _____

PLEASE PROVIDE 2-3 BUSINESS REFERENCES:

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

SUBMITTED BY: _____ DATE: _____

Please return to: bbpcustomerservice@cushwake.com