

# Aberdeen Mall Specialty Leasing Application Form

Please send completed form to:  
Kristi Williams, Marketing & Specialty Leasing Manager  
T: 250.314.6257 F: 250.374.6176  
[kristi.williams@cushwake.com](mailto:kristi.williams@cushwake.com)

**Type of Rental:** \_\_\_\_\_  
*(Temporary Store, Cart or Promotional Display)*

**Application Date:** \_\_\_\_\_

**Legal Company Name:** \_\_\_\_\_

**Product Name:** \_\_\_\_\_

**Product Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**GST Number:** \_\_\_\_\_  
*(matching Legal Company Name)*

**Requested Start Date:** \_\_\_\_\_

**Requested End Date:** \_\_\_\_\_  
*(no more than 12 months from start date)*

**Retail/Business Background:** \_\_\_\_\_

\_\_\_\_\_

## Reference Names and Phone Numbers:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_