



APPLICATION FORM

Specialty leasing Permanent leasing

Date : _____

Full name: _____

Company Name (If applicable): _____

Proposed store name: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Business phone: _____ Fax: _____

Mobile: _____ Email: _____

Do you already have a company or store? _____

If you do, please provide name and location (shopping centre and/or address): _____

PRODUCT/CONSUMER INFORMATION

What is your product or concept? _____

Product price range: Between _____ \$ and _____ \$

What type of consumer purchases your merchandise? (Average age of shopper; Male/Female):

Why do you feel your product would be successful at Place Vertu?

With which existing retailers in the shopping centre does your product compete?

Estimated monthly sales projection: _____ \$

When do you wish to begin? (D/M/Y) _____

For how many months or weeks do you wish to rent? _____

Are you interested in a:

MRU (Mobile Retail Unit)

Kiosk; if so, do you have your own Unit? Y/N

Store; ideal size between _____ and _____ Sq Ft.

ATTACHMENTS

PLEASE INCLUDE THE FOLLOWING WITH THE APPLICATION:

PICTURES OF PROPOSED PRODUCTS (INCLUDE COLOR CATALOGS, PHOTOGRAPHS OF EXISTING STORES AND/OR KIOSKS, AND SAMPLES WHERE APPLICABLE)

Please forward this application form along with the attachments to Myriam Kebaier either by email at mkebaier@placevertu.com , by fax at (514) 331-1014 or by mail at:

Place Vertu Nominée Inc, 3131 Côte Vertu Blvd, local G40, Saint-Laurent (Québec) H4R 1Y8

Att.: **Myriam Kebaier**

Please note that execution of this application in no way grants acceptance or tenancy at Place Vertu without a fully completed Temporary Occupancy Agreement