

Retail Merchandising Units Application Form

Date:

Tenant (Business Name):

Tenant Trade Name:

Tenant Address:

Home Address:

Contact Person:

Telephone Number:

Cell Number:

Home Number:

Fax Number:

E-mail Address:

How Long in Business:

GST Number:

PST Number:

Description of Merchandising Concept:

Layout of Cart to be included:

A detailed sketch of cart layout, merchandising concept, must accompany this application.

Dates Requested:

Description of Products to be featured:

Describe Additional Fixtures/Props to be used:

Description of Packaging:

Return Policy:

Target Market:

Projected Sales per Week:

Price Points: