



SHORT TERM INLINE STORE APPLICATION

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PERSONAL INFORMATION			
NAME:			
HOME PHONE:		BUSINESS PHONE:	
MOBILE PHONE:		OTHER PHONE:	
FAX:		EMAIL:	
BUSINESS ADDRESS:			
PROPOSED RETAIL NAME:		PROJECTED START DATE:	
STORE SIZE DESIRED:		INITIAL LEASE TERM DESIRED:	
<input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> DISTRIBUTOR	<input type="checkbox"/> OWNER / OPERATOR	<input type="checkbox"/> DIRECT RETAIL
BUSINESS INFORMATION			
FULL LEGAL NAME:			
DOING BUSINESS AS (DBA):			
SOCIAL SECURITY #:		FEDERAL TAX ID:	
TYPE OF BUSINESS:	<input type="checkbox"/> LLC	<input type="checkbox"/> CORP.	<input type="checkbox"/> SOLE PROPRIETOR
DO YOU HAVE OTHER LOCATIONS?	<input type="checkbox"/> YES / <input type="checkbox"/> NO		
HOW LONG HAVE YOU BEEN IN BUSINESS?			
PROPOSED RETAIL NAME:		PROJECTED START DATE:	
BUSINESS QUESTIONNAIRE			
WHO IS YOUR TARGET COSTUMER?			
WHAT IS THE CATEGORY OF MERCHANDISE?			
WHAT ARE YOUR ESTIMATED MONTHLY SALES?			
WHAT IS YOUR INITIAL INVESTMENT IN STOCK?			
HOW LONG WILL IT TAKE TO RECEIVE/PRODUCE YOUR PRODUCT?			
PLEASE DESCRIBE THE CONCEPT OF THE STORE:			
WILL YOU HAVE BRAND NAMES OR HANDMADE ITEMS? PLEASE USE DETAIL:			



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MAJOR MERCHANDISE CATEGORY	PERCENT OF DISPLAY	PRICE RANGE
	%	\$
	%	\$
	%	\$
	%	\$
	%	\$
BUSINESS REFERENCES (LANDLORDS, SUPPLIERS, BANK, ATTORNEY, ACCOUNTANT)		
NAME:	BUSINESS:	PHONE:
NAME:	BUSINESS:	PHONE:
NAME:	BUSINESS:	PHONE:
NAME:	BUSINESS:	PHONE:

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SIGNATURE: _____ DATE: _____

TITLE: _____

YOU WILL BE CONTACTED BY EMAIL OR PHONE WITHIN TWO (2) WEEKS OF RECEIPT OF THIS APPLICATION. PLEASE NOTE THAT APPLICATIONS WITHOUT SIGNATURE CANNOT BE CONSIDERED. THIS APPLICATION IS NONBINDING AND CONSTITUTES NEITHER A LEASE NOR A PROMISE OR COMMITMENT TO MAKE A LEASE.

PLEASE FILL OUT THIS APPLICATION COMPLETELY.

PICTURES OF EXISTING STORES AND/OR PRODUCT MUST ACCOMPANY APPLICATION.

PLEASE EMAIL TO:

TREVOR@PRORESOURCESINC.COM