

SPECIALTY LEASING APPLICATION



LERNER

This application is for informational purposes only and is not to be construed in any way as a commitment to enter into a license agreement with applicant. Completed forms, along with Articles of Incorporation (if applicable) should be returned to Lerner, Specialty Leasing: 2000 Tower Oaks Boulevard, Eighth Floor, Rockville Maryland 20852.

Applications must be completed in full. Incomplete applications may not be considered for available space. Please call 301-692-2286 with any questions you may have.

COMPANY/CORPORATION NAME: _____
 STATE OF INCORPORATION: _____ FEIN: _____

OWNER(S) NAME: _____ SSN: _____
 DRIVERS LICENSE NUMBER: _____ STATE: _____
 OPERATING BUSINESS NAME: _____
 ADDRESS: _____ TELEPHONE: _____
 _____ OFFICE: _____
 _____ CELLULAR: _____
 EMAIL: _____ WEBSITE: _____ EMAIL: _____

PREVIOUS SALES EXPERIENCE:

(Please list retail experiences; amount of sales generated and for what time period)

PROFESSIONAL REFERENCES

COMPANY: NAME: TELEPHONE:	COMPANY: NAME: TELEPHONE:
COMPANY: NAME: TELEPHONE:	COMPANY: NAME: TELEPHONE:

CENTER: Annapolis Harbour Center Dulles Town Center Other _____
(CHECK ONE OR MORE)

UNIT TYPE: RMU KIOSK INLINE (SQ. FT.) _____ YOUR OWN OTHER _____

TERM DESCRIPTION: _____ (Opening date _____ Closing date _____)

PROPOSED MONTHLY RENT: _____ (Jan. - Oct.) _____ (Nov. - Dec.)

MERCHANDISE TO BE SOLD	
PRODUCT LINE	RETAIL PRICE

MARGIN MARK UP
WHICH ARE BESTSELLERS?

PRODUCT/SALES INFORMATION:

PRICE RANGE _____
 EXPECTED AVERAGE CUSTOMER SALE _____

SPECIALTY LEASING APPLICATION CONT'

EXPECTED NUMBER OF SALES PER DAY _____
 TARGET MARKET/CUSTOMER _____

Use the rental number proposed on the first page of the application to complete the following:

SALES PROJECTION:		PROFIT PROJECTION:	
WEEK 1	_____	TOTAL SALES:	+
WEEK 2	_____	COST OF GOODS SOLD:	-
WEEK 3	_____	GROSS MARGIN:	=
WEEK 4	_____	RENTAL FEES:	-
WEEK 5	_____	PAYROLL:	-
WEEK 6	_____	OTHER EXPENSES:	-
WEEK 7	_____	PRE TAX PROFIT:	
WEEK 8	_____		
TOTAL			

Referred By: _____

All information contained in this application is based on applicant's information and is accurate to the best of his/her knowledge and belief, and is not based on any information, statements or representations made by Lerner.

SIGNATURE

DATE

Email or mail pictures of your product and/or current business location(s) to:
cwhite@lerner.com or sglass@lerner.com
 Lerner: 2000 Tower Oaks Boulevard, Eighth Floor, Rockville Maryland 20852