

Panorama Mall

Specialty Leasing Application

**This is for informational purposes only and is not to be considered in any way a commitment to enter into a License Agreement with the applicant.*

Interested in: RMU Kiosk Vend Event/Show Display Demonstration

Inline, Established Size Square Feet Space Number

Contact Name

Business Name & DBA

Social Security #: Federal Tax ID #:

Business Address:
Street City, State

Home Address:
Street City, State

Business Phone: Home Phone:

Cell: Fax:

Email address:

Detailed description of items to be sold:

Range of product prices:

Projected monthly sales:

Desired possession date:

Desired open date:

Length of term:

Signature: _____ Date:

Please list all shopping centers where you have been a merchant.

Center:

Contact Person: Phone Number:

Approximate Date: Average Weekly Gross Sales:

Center:

Contact Person: Phone Number:

Approximate Date: Average Weekly Gross Sales:

Center:

Contact Person: Phone Number:

Approximate Date: Average Weekly Gross Sales:

Center:

Contact Person: Phone Number:

Approximate Date: Average Weekly Gross Sales:

RETURN THIS COMPLETED FORM ALONG WITH PICTURES OF YOUR
CURRENT BUSINESS, YOUR WEBSITE, AND/OR PRODUCT LINE INFORMATION TO:

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