

Specialty Leasing Business
Quintard Mall
700 Quintard Dr, Ofc
Oxford AL 36303

Thank you for showing an interest in the Quintard Mall Specialty Leasing Program.

COMPANY - OWNER INFORMATION

Parent Company or Corporation Name _____

(Please attach copy of Articles of Incorporation)

SSN/Fed ID # _____

Company Name (Doing Business As) _____

Owner (s) Name (s) _____

Contact Name _____

Business Address _____

Telephone Home _____ Office _____

FAX _____ Email _____

Is this a new business? _____

Description of Business _____

RETAIL BUSINESS - SHOPPING CENTER - SPECIALTY LEASING EXPERIENCE

What were the average sales in your most recent business, if applicable?

Average month _____ Holiday Term _____

What type of unit were you on?

Cart _____ Kiosk _____ In-line _____

BUSINESS OPERATIONS

Manager's Name _____

Home Phone _____ Lease Term _____

Size/Type of Unit _____

Employee Plans Number of employees? _____

How will employees be hired? _____

What will be the pay structure? _____

Will there be an incentive or commission program? _____

What is your return policy? _____

Additional storage required? Yes or No

MERCHANDISE OR PRODUCT LINE

Usage clause desired: For the retail sale of _____

What is your profit margin/mark-up (percentage, keystone, three times)

List produce categories & retail pricing

	Product Lines	Retail Space
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

What products are best sellers?

INSURANCE INFORMATION

Insurance agent: _____

Agent address/telephone _____

Policy number _____

Premium for lease term _____

FINANCIAL INFORMATION

Bank name _____

Account officer's name _____

Business account number _____

How is business financed? _____

Will you accept major credit cards? If so please list: _____

Will you need a telephone for credit cards? Yes or No

FUTURE PLANS

What are your future plans? _____

Expansion plans? _____

Are you interested in additional centers? _____

MARKETING & ADVERTISING

Do you have an existing customer base or following? _____

Do you have a current mailing list or plans to create one? _____

Would you like to participate in mall marketing promotions? _____

PROJECTIONS

Term _____

Maybe expressed as percentage or whole numbers

Projected Sales \$	_____
Cost of Goods Sold	_____
Gross Margin	_____
Payroll	_____
Advertising	_____
Other Expenses	_____

COMMENTS

Disclaimer

All information contained in this business plan including but not limited to, sales/financial information, is based solely on my (licensee's) estimate and is not based on any information, statements, or representatives made by Quintard Mall or its officers, agents, or employees.

Signature

Date

Title