

# 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:

HST Number:

Description of Merchandising Concept:

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:

Please forward completed form to:  
Square One Management Office - Specialty Leasing Dept.  
100 City Centre Drive, Mississauga, Ontario L5B 2C9  
OR e-mail to [info@shopsquareone.com](mailto:info@shopsquareone.com)

