

GREENBRIAR MALL

SPECIALTY LEASING APPLICATION

Please contact Kelli Copeland for additional information

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Company/Owner Information

Date: _____

Owner's Name: _____

Company Name: _____

Business Address: _____

Home Address: _____

Email Address: _____ Web Page Address: _____

Telephone: (Home) _____ (Bus) _____ (Fax) _____
(Cell) _____ (Pager) _____

FED ID#: _____ S.S. # _____

Driver's License #: _____

Business Information

Bank Name _____ Branch Location _____

Type of Account(s)	Account #s
_____	_____
_____	_____

What are your estimated start-up costs?

Inventory/Stock _____	Display Fixtures _____
Supplies/Packaging _____	Cash Register _____
TOTAL _____	

How will your new retail business be financed? _____

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

How much time do you plan to work at this location (per week)? _____

How many employees do you plan to hire (include both part-time and full-time)? _____