

Prospective Tenant Information Sheet

Date: _____

Shopping Center of Interest: _____

Your Name: _____

Address: _____

Business Phone #: _____

Fax #: _____

Mobile Phone #: _____

E-Mail Address: _____

Intended Use: _____

Possible Business Name: _____

Do you currently own any other stores or business?: Circle One: *No* *Yes*

If yes, name and location(s): _____

Requested Size Of Space: _____

Requested Unit/Suite#: _____

Guarantor(s): _____

Requested Term: _____

Mail or fax back to:

Address: 910 South Chapel Street, Newark, DE 19713

Fax #: 302-283-1365