

BROOKFIELD PLACE

RETAIL TENANT INFORMATION

Tenant Name: _____ Website: _____

Mailing Address: _____

Store Telephone #: _____ Fax #: _____

Employees: _____ Type of Business: _____

Business Hours : _____

STORE MANAGER

Name: _____ Title: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

Email: _____

PRESIDENT/OWNER

Name: _____ Title: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

Email: _____

ACCOUNTING CONTACT

Name: _____ Title: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

Email: _____

DOCUMENTATION (Indicate who should receive the following information)

	Store Manager	President/Owner	Accounting Contact	Other (specify)
Bulletins				
Sales Ranking Reports				
Rental Statements				
Invoices				
Insurance				
General Correspondence				

Completed by: _____ Date: _____