

KIOSK APPLICATION FORM

Applicant's full name:	
Business name (trading as):	
Type of business:	
Specify item(s) to be sold at kiosk:	
Telephone number:	
Email address:	
Current business address:	
Mailing address (if different from above):	
Weekly/Monthly Rental:	
Specify Dates:	
Specify Operating Hours:	

KIOSK RATES (PAYABLE IN ADVANCE):

\$7,200 (per year = \$600 per month)

\$600 (per month January through March) \$200.00 (per week)

\$800 (per month April through October) \$225.00 (per week)

\$1,000 (per month November and December) \$325.00 (per week)

The  of Hamilton

Credit References:

Reference: Acct#:

Reference: Acct#:

Reference: Acct#:

CREDIT POLICIES TERMS AND CONDITIONS:

I/We agree that all agency charges, legal costs and other expenses incurred by the above-named Companies in attempting to recover overdue amounts will be charged to my/our account. I/We give permission to the above-named Companies to obtain information from any source to verify any statements made in this application.

Date: _____ Signature _____

Please complete the appropriate section for your business.

Limited Liability Company:

Date of incorporation:

Officers:

Name: Title:

Name: Title:

Name of parent company (If Applicable):

Address:

Any other subsidiary business:

Partnership or Sole Ownership:

Details of partners/owners:

Name: Home Address: Date of Birth: Home Tel:

.....

.....

.....

Other businesses owned:

