

CARDINAL FITNESS SITE SUBMITTAL FORM

When completed, please attach and e-mail to sites@cardinalfitness.com

Date (M/D/YYYY): _____

Submitted by: _____

Site/Shopping Center Name: _____

Shopping Center Address: _____

Unit/Suite: _____ City: _____ State: _____

Currently Vacant: _____ Previous/Current Tenant: _____

Adjacent Tenants: _____ Parking Field Count: _____

Space Dimensions: _____ Ceiling Height: _____

Available Signage: _____

Anchors/Co-Tenants: _____

Asking Rent: _____ NNN's: _____

Leasing Company: _____ Contact: _____

Phone Number: _____ - _____ - _____ E-mail: _____

Additional Information: