DOWNTOWN PLEASANT HILL

MERCHANT CONTACT FORM

BUSINESS NAME _____

PREMISE ADDRESS _____ SUITE _____

_____

PREMISE TELEPHONE _____ PREMISE FAX _____

PREMISE EMAIL _____

PREMISE CONTACT #1 _____ TITLE _____

(Manager) CELL PHONE_____EMAIL_____

PREMISE CONTACT #2 _____ TITLE _____

(Asst. Manager) CELL PHONE _____EMAIL _____

EMERGENCY CONTACT _____

EMERGENCY CELL PHONE _____

PREMISE BUSINESS HOURS

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

Thursday _____

BILLING ADDRESS _____

(Accounting) _____

_____

CONTACT NAME _____ TITLE _____

EMAIL _____

TELEPHONE _____ FAX _____

NOTICE ADDRESS _____

(For leases, contracts, etc) _____

_____

CONTACT NAME _____ TITLE _____

TELEPHONE _____ FAX _____

EMAIL _____

COMMENTS _____

_____

Please submit via email to Mjohnson@vestar.com.

Completed By: _____

(Please print name) (Date)