

MALL MERCHANDISING APPLICATION FORM

Client Name	
Client T/A	
ABN or ACN	
Address	
Contact Name	
Phone Number	
Fax Number	
Mobile Number	
Email	
Usage/Product	
Proposed Booking Date(s)	
Preferred Site Location (Refer to Plan)	
Type of Equipment you Require	
Public Liability Insurer	
Policy Number	
Public Liability Amount	
Expiry Date	

Applicant Signature: _____ Date: _____

Please return your application form to:

Kristy Millard
 Mall Merchandising Executive
 Centre Management Office
 Rouse Hill Town Centre
 10-14 Market Lane
 Rouse Hill NSW 2155

Ph: 02 9421 2336
 Fax: 02 9332 6150
 Mobile: 0457 528 042
 Email: kristy.millard@gpt.com.au

Rouse Hill
 TOWN CENTRE

by The GPT Group