KING OF PRUSSIA

TENANT NAME: _____

DBA NAME: _____

DATE: _____

CENTER (Please Circle): PLAZA COURT PAVILION

MONTHLY GROSS RECEIPTS / SALES REPORTING

RE: Tenant _____ **Lease** _____

King of Prussia Associates
The Plaza at King of Prussia Mgmt Office
160 N. Gulph Road, Suite 2700
King of Prussia, PA 19406

Robert Hart; General Manager
E-Mail Sales to: Pkelly@kravcosimon.com
Mall Management: (610) 265-5794
FAX: (610) 265-1640

MONTH	GROSS RECEIPTS (SALES)	YEAR
JANUARY	$	
FEBRUARY	$	
MARCH	$	
APRIL	$	
MAY	$	
JUNE	$	
JULY	$	
AUGUST	$	
SEPTEMBER	$	
OCTOBER	$	
NOVEMBER	$	
DECEMBER	$	
TOTAL SALES	$	

If you have any questions regarding sales reporting, please contact Mall Management. Please refer to your individual lease agreement for your stated reporting standards.

The undersigned officer of the tenant referred to herein hereby certifies that the above is true and correct and in accordance with the provisions of the lease.

Name: _____ **Title:** _____

Signature: _____ ___ **Date:** _____

Phone # ( ) _____ E-Mail: _____

Please fax form to (610)265-1640. Thank you.