



SALES REPORT

Tenant Name

Shopping Center Name or Street Address

For the Period _____ to _____

Gross Sales \$ _____

Less: Allowable Exclusions

Sales Tax _____
Sales Returns & Allowances _____
Customer Refunds _____
Over Rings _____
Other (specify) _____

Total Exclusions \$ _____

Gross Sales Subject to Percentage Factor \$ _____

Percentage Factor _____

Less: Credit (specify) _____

_____ \$ _____

Percentage Rent Due & Payable \$ _____

PLEASE REFER TO YOUR LEASE BEFORE ATTEMPTING TO COMPLETE THIS FORM.

I certify that the above sales report is in accordance with lease terms pertaining to percentage rents and that the figures reported are true and accurate to the best of my knowledge.

Name

Title

Date