TravelCenters of America Renter Questionnaire

Use this form if you are inquiring about leasing space at one or more TA and/or Petro travel centers.

Company Name:	Telephone:
Address:	Cell:
City, State, Zip:	Fax:
Web page:	E-mail:
Date Business Established:	D&B Listing No:
Tax ID No:	-
SIC/NASIC Code (if applicable):	
Ownership: Corporation	Partnership Sole Proprietor
If sole proprietor, owners name and SS#:	
Do you plan to: Operate myself	Hire Employees Contract
Business Infor	mation
Type of Business:	
Kiosk: Room: Permanente Outside S	Structure: Other:
If other, describe:	
Proposed Rent Payment: Sq. f	Cootage Requirement:
List products to be sold or services to be rendered	l:
How long have you been in business?	
How long have you been offering this product(s)	or service?
List Desired TA/Petro location(s):	

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Product/Environment Safety: Are there any product safety or environmental safety issues

Corporation Name:	Contact:	Telephone:
1		
2		
3		
This will certify to TRAV this form is true and correctify any information should	ect. I will advise TRAVE I change.	RICA that the information supplied on LCENTERS OF AMERICA promptly
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This will certify to TRAV this form is true and corre if any information should COMPANY:	ect. I will advise TRAVE I change.	LCENTERS OF AMERICA promptly

Thank you for your cooperation in completing this questionnaire. We appreciate your interest and will contact you after we have reviewed your proposal packet. All information supplied to us will be kept confidential. Please return this completed questionnaire, along with the other items requested to the address shown below.

SEND YOUR PACKET TO:

TravelCenters of America
Attn: Alicia Rodriguez
24601 Center Ridge Road, Suite 200
Westlake, OH 44145-5639
Or email to arodriguez@ta-petro.com