

MONTHLY GROSS SALES REPORT

Shopping Center: _____

Business Name: _____

Tenant Address: _____

Your Monthly Gross Sales Report is due on or before the fifteenth (15th) day of every month or as set forth in your Lease. After filling in the required information, please mail or fax this form to:

INFINITY PROPERTY MANAGEMENT CORP
2727 Paces Ferry Road
Suite 1-1650
Atlanta, GA 30339
FAX #: 678-564-0145

I (we) certify that the monthly gross sales for the year 20__:

- January _____
- February _____
- March _____
- April _____
- May _____
- June _____
- July _____
- August _____
- September _____
- October _____
- November _____
- December _____
- Annual Gross Sales _____

Certified by: _____
Title: _____

Date Certified: ____/____/____