



WILMORITE

SPECIALTY LEASING APPLICATION

Date: _____

Doing Business As (D/B/A): _____ Contact Name (s): _____
 Legal Entity Name: _____
 Corporation / Proprietorship _____

Business Address: _____

Office Phone: () _____
 Fax number: () _____
 Other number: () _____

Business E-Mail Address:
Sales Tax #

PERSONAL INFORMATION – PERSON 1 (type or print)	PERSONAL INFORMATION – PERSON 2 (type or print)
Name: _____	Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Personal Email Address: _____	Personal Email Address: _____

Type of Business – Product / Use: _____

No. of Years in Business: _____ No. of Stores: _____

Location of current stores(s): _____

Type of outlet requested: In-line SF desired: _____ Requested Start Date: _____
 Kiosk
 RMU

Mall Location: Eastview Greece Ridge Center Marketplace

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worth of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date Signed: _____ Signature (Individual #1) _____
 Social Security Number _____
 Date of Birth _____
 Driver's Lic. # & State _____

COPY OF DRIVERS LICENSE AND STATE TAX ID CERTIFICATE REQUIRED PRIOR TO LICENSE AGREEMENT EXECUTION.

This form must be completely filled out to be considered for our Specialty Leasing program. Please provide photographs of products sold and the displays that will be used for consideration

Return to:

**Specialty Leasing Department
 Wilmorite Management Group, LLC
 1265 Scottsville Road
 Rochester, NY 14624**

**Phone: (585) 783-2567
 Fax: (585) 464-0706
 E-mail: kanten@wilmorite.com**