



**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      Length of Agreement \_\_\_\_\_ months

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**

**Owen Kuhns – Director Specialty Leasing  
 Phone: (585) 783-3229  
 Cell: (585) 760-9357  
 E-mail: okuhns@wilmorite.com**