



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:
Position or Occupation:	Position or Occupation:
Employer's Name:	Employer's Name:
Employer's Address:	Employer's Address:
Length of Employment:	Length of Employment:

Type of Business – Product / Use: _____

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

Location of current stores(s): _____

Previous Landlord's Name: _____ Previous Landlord Phone # _____

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

Kiosk

RMU Average monthly sales proj: _____

Mall Location: Eastview Greece Ridge Center Marketplace

Liability Insurance Co. Name: _____ Bank Reference: _____

Address: _____ Bank Address: _____

Phone: () _____

Comments: _____

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 _____

Date Signed: _____

Signature (Individual #2) _____

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. **Photographs** of the products sold and the present displays **must be attached** 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: dmerrick@wilmorite.com**