



Date: \_\_\_\_\_

**SPECIALTY LEASING APPLICATION-Please fill out completely.**

BUSINESS NAME: \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

Legal Name: \_\_\_\_\_  Corporation  Proprietorship

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office	( )		E-Mail Address:		Drivers License #:	
Home:	( )				SS #	
Cell:	( )		Fax # ( )		Sales Tax #	

Type of Business product/  
use:

\_\_\_\_\_  
\_\_\_\_\_

No. of Years in Business: \_\_\_\_\_ No. of \_\_\_\_\_ Net Worth: \_\_\_\_\_

Location of current stores  
(s): \_\_\_\_\_

Liability Insurance Co.	Name: _____	Bank Refer- _____
	Address: _____	Bank Address: _____
	Phone: _____ ( ) _____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_

Submit To: Nicole Albright, Director of Specialty Leasing, Email: nalbrightfingerlakesmall@gmail.com,  
Snail Mail: Fingerlakes Mall, 1579 Clark Street Road, Auburn, NY 13021, Fax: 315-255-1005