



203-20 Rocky Hill Road. Bayside, New York 11361

**Dear Applicant,**

In response to your recent inquiry, enclosed you will find a “**Dealer’s Application Form**” and “**Instructions**”. [Lexington Capital Corporation](#) will review the application and accompanying materials for completeness upon receipt. All applications may be submitted via fax, e-mail or regular mail. We recommend submitting the application via e-mail with all documents required in order to promptly process your application. If you have any questions do not hesitate to contact me at your earliest convenience. Thank you for selecting [Lexington Capital Corporation](#) for your consumer finance needs.

Yours truly,

Arlene Corsini  
**Executive Assistant**

**TEL:** 718-340-3984  
**ALT TEL:** 718-938-3099  
**FAX:** 646-390-1191

### **Instructions**

Each applicant engaging in business with [Lexington Capital Corporation](#) must complete and file this form. Additional information, attachments, and/or documents must be filled on 8 ½"x11" paper.

**The following items must be submitted with the application:**

1. Voided Contract
2. Business License
3. General Liability Policy

**Submit Application form and additional documents to:**

**E-mail:**  
[Arlene@golexcap.com](mailto:Arlene@golexcap.com)

**Fax:**  
646-390-1191

**Mail to:**  
**Lexington Capital Corporation**  
203-20 Rocky Hill Road  
Bayside, NY 11361  
**Attn: Arlene Corsini**

### **Monday-Thursday**

10:00AM-4:00PM      6:00PM-9:00PM

### **Saturday**

9:00AM-01:00PM



# DEALER APPLICATION

203-20 Rocky Hill Road. Bayside, New York 11361

BUSINESS INFORMATION	
BUSINESS NAME	PHYSICAL BUSINESS ADDRESS
OFFICE TELEPHONE NUMBER	OFFICE FAX NUMBER
E-MAIL ADDRESS	MOBILE PHONE NUMBER
FEDERAL IDENTIFICATION NUMBER	BUSINESS ESTABLISHED (00/00/0000)
LICENSE NUMBER(S)	LICENSE EXPIRATION DATE

INDICATE TYPE OF BUSINESS ENTITY	
<input type="checkbox"/>	SOLE PROPRIETOR
<input type="checkbox"/>	PARTNERSHIP
<input type="checkbox"/>	CORPORATION
<input type="checkbox"/>	LIMITED LIABILITY COMPANY (LLC)
<input type="checkbox"/>	LIMITED LIABILITY PARTNERSHIP (LLP)

CHECK WHAT TYPE OF HOME IMPROVEMENT YOUR COMPANY PERFORMS					
REPLACEMENT WINDOW S <input type="checkbox"/>	SIDING <input type="checkbox"/>	ROOFING <input type="checkbox"/>	MASON WORK <input type="checkbox"/>	KITCHEN RENOVATIONS <input type="checkbox"/>	BATHROOM RENOVATIONS <input type="checkbox"/>
DORMERS <input type="checkbox"/>	ROOM ADDITIONS <input type="checkbox"/>	FIRE RESTORATION <input type="checkbox"/>	BASEMENTS <input type="checkbox"/>	SUNROOMS <input type="checkbox"/>	OTHER <input type="checkbox"/>

SPECIFY OTHER WORK:

PRINCIPAL OF THE COMPANY	
LAST NAME, MIDDLE INITIAL AND FIRST NAME	HOME ADDRESS
DATE OF BIRTH	SOCIAL SECURITY NUMBER
HOME TELEPHONE NUMBER	MOBILE PHONE NUMBER

ADDITIONAL OFFICERS, PARTNERS, AND DIRECTORS	
LAST NAME, MIDDLE INITIAL AND FIRST NAME	HOME ADDRESS
DATE OF BIRTH	SOCIAL SECURITY NUMBER
HOME TELEPHONE NUMBER	MOBILE PHONE NUMBER
LAST NAME, MIDDLE INITIAL AND FIRST NAME	HOME ADDRESS
DATE OF BIRTH	SOCIAL SECURITY NUMBER
HOME TELEPHONE NUMBER	MOBILE PHONE NUMBER

**BANKING INFORMATION**

NAME OF BANK	ADDRESS	TELEPHONE NUMBER	ACCOUNT NUMBER	CONTACT PERSON

**PROVIDE THE FOLLOWING INFORMATION FOR STOCKHOLDERS**

FULL NAME	ADDRESS	# OF SHARES	% OWNED

**PROVIDE THREE BUSINESS REFERENCES**

BUSINESS NAME	ADDRESS	TELEPHONE NUMBER	CONTACT PERSON

The following questions pertain to the applicant and/or any additional owners, officers, partners, etc. responsible for the business stated above.

- 1) Have you or any person mentioned in this application had a license denied, suspended or revoked by any state or federal agency? If yes, attach complete details of refusal, suspension or revocation.

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

- 2) Have you or any person mentioned in this application ever been convicted of a felony? If yes, please indicate which individual and furnish details.

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

The undersigned, being duly sworn, states the he/she has been duly authorized to execute and file such application; and that to his/her knowledge, information and belief, such application contains no misstatement of fact nor omits a material fact called for.

\_\_\_\_\_  
 Name (Type or Print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public