

VENDOR PROFILE & APPLICATION

Sales Rep: _____

VENDOR INFORMATION

Full Business Name: _____ Contact: _____

DBA: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Type of Business: Proprietorship Partnership Corporation Year Business Began: _____

Annual Sales Volume: \$ _____ Monthly Lease Volume: \$ _____

CEO/Owner: _____ SS#: _____

Home Address: _____

City/State/Zip: _____

EQUIPMENT INFORMATION

Types of Equipment Sold: _____

Average Equipment Cost: \$ _____ Target Market: _____

REFERENCES

Equipment Supplier: _____ Contact: _____

Phone: (____) _____ Account #: _____

Equipment Supplier: _____ Contact: _____

Phone: (____) _____ Account #: _____

ACH QUICK FUND/BANKING INFORMATION

We give you fast access to your cash through our ACH Quick Fund Program. Your funds will be wired to you through your bank's participating Automated Clearing House system. A notice will be faxed to you with the transaction information and amount.

Bank Name: _____ Contact Person: _____

Name of Account: _____ Account Number: _____

Bank ABA Number: _____ Phone: (____) _____

Note: Please attach a voided check to application.

AUTHORIZATION

Print Name of Corporate Officer

Signature of Corporate Officer

Date