

Vendor Profile

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

President/Owner: _____ Sales Manager: _____

Tax ID: _____ D&B# _____ Resale # _____ T.I.B. _____

Corporation: _____ Partnership: _____ Proprietorship: _____

Equipment Type(s) Sold: _____

Personal Information of Owner(s)/ Stockholder(s) (Required if Closely-Held)

Name: _____
Title _____

Address: _____
Street City State Zip

Social Security Number: _____ Percentage Owned _____%

Name: _____
Title _____

Address: _____
Street City State Zip

Social Security Number: _____ Percentage Owned _____%

Trades (Manufacturers of Equipment Sold)

Name: _____ Name: _____

Contact: _____ Contact: _____

Account #: _____ Account #: _____

Phone: _____ Phone: _____

Bank

Name: _____ Phone: _____

Contact: _____ Account #: _____

By providing the above information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and creditworthiness and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable authorization for release of credit information. I/we authorize you to update my/our credit profile from time to time in the future as you deem appropriate.

DATE _____

SIGNED _____

Revised 6/17/2002