



8100 Sandpiper circle, Suite 300  
 Baltimore, MD 21236  
 Phone: 410-933-8100 \* 800-363-5327  
 Fax: 410-933-5258 \* 866-329-8363  
 www.vendlease.net

### Vendor Information

Vendor Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
 Pay to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_ Time in Business: \_\_\_\_\_  
 Is any of the above information a change from previous? Y/N  
 Marketing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_ Mobile #: \_\_\_\_\_  
 Is any of the Above information a change from previous? Y/N  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Type of Business: Proprietorship \_\_\_\_\_ Corp. \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

### Ownership Information

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### References

(Please Make Sure that at least one trade is a major manufacturer of the equipment you sell)

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Comments: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Comments: \_\_\_\_\_  
 Trade 1: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Comments: \_\_\_\_\_  
 Trade 2: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Comments: \_\_\_\_\_

### Business Description

Type and Brands of Products Sold: \_\_\_\_\_  
 Authorized Dealer of: \_\_\_\_\_  
 Number of Sales Reps: \_\_\_\_\_ Leasing Companies Used: \_\_\_\_\_  
 Lease Coordinator: \_\_\_\_\_ Single Point of Contact? Y/N  
 Average Monthly Leases: \_\_\_\_\_ Predicted Monthly Lease Volume: \$ \_\_\_\_\_

### Release Authorization

I hereby authorize our banks, consumer agencies, trade references, and financial institutions to compile any information pertaining our credit and financial responsibilities as requested by Vend Lease Company, Inc. and photostatic or facsimile copies of this authorization may be submitted to obtain the release of this information.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_