



LEASEPROCESS
EQUIPMENT LEASING & FINANCING SOLUTIONS

PREFERRED VENDOR PROFILE

Full Company Name:		Yr Est:	
Address:			
City, State, Zip:		Tax I.D. #	
Telephone Number:		Fax Number:	
Contact Person:		E-Mail Address:	
Other Branches/Locations:			
Equipment/Products Sold:			
Brand Names Sold:		Auth. Dealer For:	
Sell New/Used Equip:		Standard Warranties:	
Gross Annual Sales (\$):		% Leased:	
D&B Listed (Yes/No):		D&B Number:	
Owner/President Name:		Social Security #:	
Company Bank Name:		Telephone Number:	
Account Number(s):		Contact Person:	
Primary Supplier Name:		Telephone Number:	
Other Supplier Name:		Telephone Number:	
Owner/Officer Name:		Social Security No:	
Home Address:		% Own	
Other Owners: %		Social Security Nos:	

Owner/Officer Signature

I/We authorize our banks and creditors to release all requested credit information to LeaseProcess and its assignees. I/We warrant that all of the above information provided is true, complete and accurate.

Owner/President Signature X _____

Print Name _____ **Title** _____ **Date:** _____

Please attach a copy of your current business license to this form. Thank you!