

FIRST CAPITAL EQUIPMENT LEASING CORP.

LeaseExperts.com

PHONE 800-541-0114 • FAX FORM TO: 800-403-3529



VENDOR PROFILE

See Vendor Approval Criteria: http://www.LeaseExperts.com/VENDOR_APPROVAL.htm

PRIMARY INFORMATION

BUSINESS NAME: _____	D&B #: _____
TRADE NAME(S): _____	
PRINCIPAL(S) NAME(S): _____	
PRIMARY PRODUCTS: _____	
MAIN BUSINESS ADDRESS: _____	
OTHER LOCATIONS: _____	
PHONE #: _____	FAX #: _____
CONTACT'S EMAIL: _____	WEB SITE URL: _____
FEDERAL TAX ID #: _____	
RESALE #: _____	<i>Please ATTACH A COPY of your resale certificate OR business license.</i>
TIME UNDER CURRENT OWNERSHIP _____ YEARS _____ MONTHS	

BUSINESS TYPE

DESCRIBE PRODUCTS: _____	
AUTHORIZED DEALER FOR: _____	
AVG. EQUIPMENT COST: _____	AVG. SELLING PRICE OF EQUIP: _____
# OF LEASE TRANSACATIONS/MONTH: _____	AVG. MONTHLY LEASE VOLUME: _____

PRINCIPAL SECTION

NAME: _____	SS#: _____	TITLE: _____
HOME PHONE: _____	% OWNED: _____	
ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
NAME: _____	SS#: _____	TITLE: _____
HOME PHONE: _____	% OWNED: _____	
ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____

BANK SECTION:

BANK NAME: _____	PHONE: _____	CONTACT: _____
CHECKING ACCT. #: _____	LOAN ACCT. # _____	

SUPPLIER SOURCES AND LANDLORD:

COMPANY: _____	CONTACT: _____	PHONE: _____
COMPANY: _____	CONTACT: _____	PHONE: _____
LANDLORD: _____	CONTACT: _____	PHONE: _____

By signing below, the undersigned individual (s), who is either a principal of the Vendor applicant or a personal guarantor of its obligations, provides written instruction to First Capital Equipment Leasing Corporation or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau and/or from any bank or trade reference provided herein. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application. Further we authorize First Capital Equipment Leasing to communicate with us any time using any email addresses or faxes numbers provided.

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____