



VENDOR INFORMATION FORM

PLEASE PRINT & FILL OUT THIS FORM COMPLETELY AND FAX TO 800-481-0865

PRIMARY VENDOR INFORMATION

BUSINESS NAME _____
MAIN BUSINESS ADDRESS _____
CITY, STATE ZIP _____
PRINCIPAL(S) NAME(S) _____
OTHER LOCATIONS _____
PHONE _____ HOW LONG IN BUSINESS? _____
PRINCIPAL PRODUCTS SOLD (INCLUDE BRAND NAMES) _____

AUTHORIZED DEALER FOR WHICH MANUFACTURERS? (INCLUDE PHONE AND CONTACT NAMES)

RESALE NO. _____ FED TAX ID NO. _____

RELATIONSHIP INFORMATION:

HOW LONG DEALT WITH VENDOR? _____ NUMBER TRANSACTIONS COMPLETED? _____
AVG. SIZE BOOKED TRANSACTION _____ AVG. MO VOLUME _____
COMMENTS _____

Banks

Bank Name _____ Acct # _____ Phone _____
Acct Name _____
Bank Name _____ Acct # _____ Phone _____
Acct Name _____

SUPPLIER AND LANDLORD REFERENCES

Company _____ Contact _____ Phone _____
Company _____ Contact _____ Phone _____

I hereby authorize InsurLease, LLC or any investigative agency employed by InsurLease, LLC to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

Signature: _____ Date: _____