



## Vendor Information

Completed form should be returned by email to [Forms@cprofit.com](mailto:Forms@cprofit.com) or faxed to 888-419-3222 for processing. Account Executive: Robert J. Jacobs

<b>Vendor Information</b>					
Business Name/Legal Name		Phone Number		Fax Number	
Address		City		State	Zip Code
Contact Name/ Mr. Ms. Mrs. (circle one)		Title		Email Address	
Web Site Address		Equipment <input type="checkbox"/> New <input type="checkbox"/> Used – Please state max age: Please state average age:			
Type of Equipment					
Authorized Distributor For:			Hardware Manufacturer:		
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Other (list type) <input type="checkbox"/>	Tax ID Number	
Yrs in Business (min. 2 yrs.)	Number of Employees	Average Size Sale		Annual Sales (\$)	
Annual Lease Volume (\$)		Current Leasing Company			
Means of Distribution: (check all that apply) <input type="checkbox"/> Direct Sales, how many reps? _____ <input type="checkbox"/> Internet <input type="checkbox"/> Dealers <input type="checkbox"/> Independent Distributors					
Markets served:		Customer Mix Consumer    %		Customer Mix Commercial    %	
<b>Bank Reference</b>					
Bank Name (two year history)		Account Number(s)		Officer Name	
Address	City	State	Zip Code	Phone/Fax Numbers	
<b>Principal / Owner Information</b>					
Name / Mr. Ms. Mrs. (circle one)		Title		SSN	
Address		City		State	Zip Code
Phone Number		Email Address		Mobile Phone	

**ACH Information:** By completing the ACH section, we will be able to pay your invoice through an automated deposit into your account.

<b>ACH Information</b>		
Name on Account	Account Type	Account Number
Bank Name	ABA Routing Number	Bank Address
Bank Phone No.	<b>*Copy of Voided Check Required*</b>	

**AUTHORIZATION, REPRESENTATIONS AND WARRANTIES**

I hereby authorize and consent to C-Profit Corp and its assignees investigating and/or obtaining credit reports, employment history, trade-references and information regarding this application and any resulting accounts. If personal information has been provided, C-Profit Corp and its assignees has the right to obtain personal credit reports in connection with my request for credit for this new account, or when C-Profit Corp and its assignees reviews my account.

I authorize C-Profit Corp and its assignees and the above-mentioned financial institution to deposit all funds payable to me automatically to my checking account(s). I also authorize adjusting entries, as they may be required. I understand that Direct Deposit may be altered by providing three weeks written notice to C-Profit Corp and its assignees. I further certify that the information provided above is true.

I hereby warrant and represent that: (a) I have received a signed credit application from the perspective lessee, authorizing C-Profit Corp and its assignees to perform a credit check; and (b) to the best of my knowledge, the information provided in the credit application is not false, inaccurate or misleading.

Under penalties of perjury, I certify that: The Taxpayer Identification Number (TIN) on this form is correct; I am not subject to backup withholding due to failure to report interest and dividend income; and I at least 18 years of age, and a U.S. Citizen or permanent resident alien.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Facsimile signatures shall be deemed as fully enforceable valid signatures as if such signature were an original signature as of the date executed.

Signature	Print Name/Title	Date
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**A signature is required for C-Profit Corp and its assignees to process your application.**

For questions or assistance with this form, please call Holly at C-Profit Corp at 877-386-3716 ext 121

Please send completed form via fax 888-419-3222

**Internal Use:**

Vendor Code(s):
Products: Progress Payment <input type="checkbox"/>
Markets: Commercial <input type="checkbox"/> Consumer <input type="checkbox"/>
Equipment: Computer <input type="checkbox"/> General Equipment <input type="checkbox"/> Sign <input type="checkbox"/>