



VENDOR PROFILE

DATE _____ Fed ID# _____

BUSINESS NAME _____

BUSINESS ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE _____ FAX _____ CONTACT _____

WEB SITE ADDRESS _____ EMAIL ADDRESS _____ YRS. IN BUSINESS _____

PROP. _____ CORP. _____ PARTNERSHIP _____ STATE _____ COUNTY _____

CEO/PRESIDENT _____ SSN# _____

HOME ADDRESS _____

BANK _____ BRANCH _____

TELEPHONE _____ ACCOUNT # _____

OFFICER _____ CHECKING _____ LOAN _____ SAVINGS _____

TYPE(S) OF EQUIPMENT SOLD _____

PRIMARY MANUFACTURES _____

AVERAGE EQUIPMENT COST _____ TARGET MARKET _____

By signing below, the undersigned, which is either a principal of the applicant or a personal guarantor of it's obligations, provides written instruction to Springs Financial Services or it's assigns authorizing review of his/her personal credit bureau. Such authorization shall extend to obtaining a credit file in considering this application for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature I affirm my identity as the individual identified in this application.

SIGNED _____ DATE _____