

## VENDOR PROFILE

Phone: 1-888-431-7770

24 Hour Fax Line: 1-888-431-7780

Associate Broker # AB: 110-356-000

Legal Name of Vendor: \_\_\_\_\_

Address (Physical): \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Years in Business Under Current Ownership: \_\_\_\_\_ Website: \_\_\_\_\_

### COMMERCIAL CREDIT

Primary Bank: \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Account #: \_\_\_\_\_ Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Account #: \_\_\_\_\_ Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Account #: \_\_\_\_\_ Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PRINCIPAL(S) CREDIT

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I the undersigned authorize you and your affiliates to review my credit with national credit bureaus. Everything stated in this application is correct.

By: (Authorized Signature) \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_