



Varilease Technology Finance Group, Inc.
www.varilease.com

VENDOR PROFILE

FAX FORM TO: 248.366.5332

PRIMARY INFORMATION

BUSINESS NAME: _____	D&B # _____
MAIN BUSINESS ADDRESS: _____	
OTHER LOCATIONS: _____	
PHONE #: _____	FAX #: _____
WEB SITE URL: _____	
CONTACT'S NAME _____	CONTACT'S EMAIL ADDRESS _____
FEDERAL TAX ID #: _____	TIME UNDER CURRENT OWNERSHIP _____ YEARS _____ MONTHS
DESCRIBE PRODUCTS: _____	
AUTHORIZED DEALER FOR: _____	
AVERAGE SALES PRICE OF EQUIP: _____	# OF LEASE TRANSACTIONS/ MONTH: _____

PRINCIPAL INFORMATION

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

BANK / TRADE INFORMATION

BANK NAME: _____	PHONE: _____	CONTACT: _____
COMMERCIAL ACCOUNT #: _____		
<u>TRADE REFERENCES</u>		
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 of a personal guarantor of its obligations, provides written instruction to Varilease 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.

SIGNATURE: _____ TITLE: _____ DATE: _____