



Please take a moment to complete the following form so we might better understand your business and leasing needs.

<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	If less than two years in business, please indicate your past experience in your current industry (i.e. past employment).				
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 Owner		SSN	
Address		City		State	Zip Code
Phone Number		Email Address		Mobile Phone	

**Addition Information or Notes You Would Like to Share with Us:**

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# Vendor Application cont'

## AUTHORIZATION, REPRESENTATIONS AND WARRANTIES

I hereby authorize and consent to El Dorado Commercial Finance LLC (hereinafter, "EDCF") and its affiliates 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, EDCF has the right to obtain personal credit reports in connection with my request for credit for this new account, or when EDCF reviews my account.

I hereby warrant and represent that: (a) I have received a signed credit application from the perspective lessee, authorizing EDCF 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 am 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 El Dorado Commercial Finance LLC to process your application.**

For questions or assistance with this form, please call 1-949-856-9999