



VENDOR APPLICATION

437 S. Highway 101, Suite 104,
 Solana Beach, CA 92075
 Ph. 858.259-4794 Fax 858.259.7076
 www.leasing123.com

COMPANY INFORMATION	
(Please state EXACT legal name of entity registered with the state)	
BUSINESS NAME	
D/B/A	
ADDRESS	
CITY	
ST	ZIP
TOLL FREE NUMBER	
TITLE	
CONTACT	
PHONE	FAX
EMAIL	
WEBSITE: www.	
YEARS IN BUSINESS	CORP S'CORP PARTNERSHIP PROPRIETORSHIP LLC
TYPE OF PRODUCT BEING SOLD:	
YEAR BUSINESS ESTABLISHED	
DUNS NUMBER	
YEARS UNDER CURENT OWNERHSIP	

BUSINESS REFERENCES	
(1 Bank & 3 Trades REQUIRED if not supplied application will be rejected)	
BANK NAME	
ACCOUNT#	
PHONE	FAX
TRADE NAME 1	
EMAIL	
CITY	CONTACT
ST	ZIP
PHONE	FAX
TRADE NAME 2	
EMAIL	
CITY	CONTACT
ST	ZIP
PHONE	FAX
TRADE NAME 3	
EMAIL	
CITY	CONTACT
ST	ZIP
PHONE	FAX
LEASE / LOAN NAME	
PHONE	FAX
ACCOUNT#	
CONTACT	
EMAIL	

EQUIPMENT INFORMATION
TYPE OF EQUIPMENT SOLD
PRIMARY MANUFACTURES REPRESENTED
AVERAGE EQUIPMENT COST
TARGET MARKET

Dear Credit Grantor: Please consider this application or fax thereof my authorization to furnish a complete history of all accounts, loans, transactions, trade information, balances or other financial information relative to any account we may have with you. I/We grant Leasing Innovations, Incorporated permission to investigate any credit sources necessary to underwrite this credit request. I/we release Leasing Innovations, Incorporated from any liability arising from its credit investigations

Signed _____

Title

Date