



VENDOR – DEALER INFORMATION			
Company Name:		Phone:	Fax:
Address:	City:	State:	Zip Code:
Type of Business (Check One): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Municipality <input type="checkbox"/> Nonprofit <input type="checkbox"/> LLC			
Federal I.D. No.:	Years in business:	# of Employees:	Website:
Main Contact		Phone or Ext:	Email:

EQUIPMENT INFORMATION - <i>Please tell us about the equipment you sell</i>			
Type of Equipment:	Make or Brand:	Average Cost:	Monthly Volume:
1)			
2)			
3)			

CURRENT LEASING COMPANIES – <i>Please tell us who provides leasing for your customers</i>			
Name:	Satisfied	Unsatisfied	Average Monthly Volume:
	Reason:		
Name:	Satisfied	Unsatisfied	Average Monthly Volume:
	Reason:		

BANK INFO			
Bank Name:	Acct#:	Phone:	Fax:
Bank Name:	Acct#:	Phone:	Fax:

PRINCIPLE - OWNER INFORMATION			
Name:	Title:	SS#	Address:

I certify that the information contained in this application is true and accurate to the best of my knowledge and authorize the release of information about my accounts or me to others. By signing below the undersigned individual as principal of and/or guarantor for the applicant, authorizes Access Capital Group, it's designees and/or assignees, to review their personal credit profile provided by national credit bureaus in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax of this authorization shall be valid as the original.

Signature

Title

Date

Please fax completed and signed profile to our office at: 702-446-4321

Address: PO Box 1412 Walled Lake, MI 48390-1412 Office: 248.926.9926 Web:www.accesscap.net