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ONEWORLD LEASING
INC.
 "STRENGTH IN NUMBERS"

VENDOR INFORMATION FORM

Business Name: _____ D&B #: _____
 Trade Name (dba): _____ Phone #: _____
 Main Business Address: _____
 Other Locations (If Any): _____
 How Long In Business? _____ Yrs. Same Ownership? Y N If No, How Long? _____
 Resale #: _____ Federal Tax ID #: _____
 Type Of Business/Principal Products Sold (Include Brand Names, If Applicable): _____

Authorized Dealer For (Contact Name And Phone Number, If Available): _____

Principal Information

Name: _____ SS#: _____ Title: _____
 Address: _____
 Name: _____ SS#: _____ Title: _____
 Address: _____

Bank Information

Name: _____ Account #: _____
 Contact: _____ Phone #: _____

Supplier Information

Company: _____ Contact: _____ Phone #: _____
 Company: _____ Contact: _____ Phone #: _____
 Company: _____ Contact: _____ Phone #: _____

By signing below, the individual as principal of and/or guarantor for the applicant, authorizes Alternative Capital, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this request to be approved as an authorized supplier and for the purpose of the update, renewal or extension of credit to the Applicant or the collection of any resultant accounts. Further, I authorize Alternative Capital to investigate the credit worthiness of the Applicant, including transmission of information via facsimile, electronic mail and the internet. We further authorize any bank, financial institution and/or trade reference to release any requested information to them. A photocopy or facsimile of this application 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.

X _____ **Date:** _____

For Office Use Only:

Date Received:		Representative:	
Account #:		Approved By:	
Notes:			