

VENDOR INFORMATION FORM

BUSINESS INFORMATION

FULL LEGAL NAME:		PHONE:	
TRADE NAME(S):		FAX:	
MAIN ADDRESS:		TAX ID#:	
OTHER LOCATIONS:		D&B#:	
WEB SITE:		OWNERSHIP SINCE?	
TYPE OF BUSINESS/ PRODUCTS SOLD: (BRAND NAMES, ETC.)		DATE STARTED:	
		COMPANY TYPE:	



EQUIPMENT/PRODUCT LINE INFORMATION

	DEALER FOR:	DEALER FOR:	DEALER FOR:
COMPANY NAME:			
ACCOUNT #:			
PHONE #:			
CONTACT:			
WEB SITE:			

REFERENCE INFORMATION

	BANK #1 INFORMATION	BANK #2 INFORMATION	LOAN/LEASE INFORMATION
NAME:			
ACCOUNT #:			
PHONE #:			
CONTACT:			

PRINCIPAL INFORMATION (ADDITIONAL OWNERSHIP; PROVIDE INFO ON COPY OF APPLICATION)

	PRINCIPAL #1	PRINCIPAL #2
FULL NAME:		
ADDRESS:		
CITY/STATE/ZIP:		
HOME PHONE:		
CELL PHONE:		
E-MAIL:		
SOCIAL SECURITY#:		
OWNERSHIP %:		
TITLE:		
SIGNATURE: 	DATE 	DATE

By signing above, 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 Application 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 above, I/we affirm my/our identity as the respective individual/s identified in the above application.

FOR OFFICE USE ONLY

Date Received:	Rep:	Account #:	Approved By:
----------------	------	------------	--------------

Notes: