



# Vendor Profile

Direct: 805-217-9896    Sales@FirstUSFinance.com

Business Tax ID#: \_\_\_\_\_ Legal entity time in business: \_\_\_\_\_

Legal Name of Vendor: \_\_\_\_\_

Resale Certificate #: \_\_\_\_\_ DUNS #: \_\_\_\_\_ Fed Tax ID #: \_\_\_\_\_

Address (Physical): \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: (    ) \_\_\_\_\_

Fax #: (    ) \_\_\_\_\_

Main Service or Product: \_\_\_\_\_

## COMMERCIAL CREDIT

Primary Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Account #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Trade: \_\_\_\_\_ Contact: \_\_\_\_\_

Account #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Trade: \_\_\_\_\_ Contact: \_\_\_\_\_

Account #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## PRINCIPLE(S) CREDIT – *Social Security can be optional unless required as secondary request.*

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I the undersigned authorize you and your affiliates to check my credit. Everything stated in this application is correct.

By: (Authorized Signature) \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_