

# Vendor Profile

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



Legal Business Name:

Doing Business As (DBA)

Federal Tax ID#:

Time in business:

Legal type: Sole proprietor/LLC/Corp:

Resale Cert #:

Annual Sales Volume \$

If Prefunding Required Prior to Delivery, what %?

Main Address:

Primary Phone #:

Contact Email:

Website:

Main Service or Product:

Do you sell NEW or USED equipment?

Are you Authorized Dealer?

## COMMERCIAL CREDIT/REFERENCES

Primary Bank:

Contact:

Account #:

Telephone #:

Trade:

Contact:

Account #:

Telephone #:

Trade:

Contact:

Account #:

Telephone #:

## OWNER(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) \_\_\_\_\_

Print Name:

Title:

Date: