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: