



Office Equipment
Finance Services

VENDOR INFORMATION
Kory Grant 800-225-3428 Ext. 7125
413-702-5756 Fax

Company Name: _____

Address: _____

City and State: _____ Zip: _____ Ph#: _____ Fax#: _____

Resale Certificate #: _____ Fed Tax ID #: _____

Sales Manager: _____ Primary Contact: _____

of employees: _____ Yrs In Business: _____ Proprietorship: _____ Partnership: _____ Corporation: _____

Products Sold: _____

Authorized Dealer For: _____

AUTHORIZED DEALER FOR:

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

OTHER REFERENCES:

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

BANK REFERENCES:

(If less than 2 years please list previous bank)

Name: _____

Contact: _____

Account #: _____

Phone #: _____

PREVIOUS BANK:

Name: _____

Contact: _____

Account #: _____

Phone #: _____

OWNER INFORMATION:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Social Security Number: _____	Social Security Number: _____
% Ownership: _____	% Ownership: _____

CREDIT RELEASE AUTHORIZATION

I hereby authorize our banks, trade references and financial institutions the right to release credit information to U.S. Bancorp and authorize U.S. Bancorp to investigate the personal credit and credit of this company.

X _____