

National

Equipment Leasing Corporation

(800) 770-6352
(888)332-6352 fax

Vendor Application

FEDERAL TAX ID# _____
LEGAL BUSINESS NAME _____
ADDRESS _____
CITY STATE ZIP _____
TELEPHONE #'S main _____ Fax _____

KEY CONTACT NAME: _____ Bus. Ph# _____
EMAIL ADDRESS _____ Cell Ph# _____

TYPE OF BUSINESS _____ Indicate Type _____ S Corp. C Corp. Partnership, LLC, Proprietor, or P.C.
DESCRIPTION OF BUSINESS _____ # Employees _____ Full Time _____ Part Time _____
Annual Sales (in dollars) \$ _____ Percentaged Financed _____ %

OWNER / PARTNER _____ TITLE _____
HOME ADDRESS _____ SS# _____
CITY STATE ZIP _____
CELL OR PH# _____ % Business Ownership _____

OWNER / PARTNER _____ TITLE _____
HOME ADDRESS _____ SS# _____
CITY STATE ZIP _____
CELL OR PH# _____ 2nd Ph # _____ % Business Ownership _____

COMPANY PRIMARY BANK PH # _____ CONTACT _____
ACCT NUMBERS Main cking # _____ Routing # _____
Loan Account #1 _____ Loan #2 _____

I authorize the expeditious release of all business & personal credit, deposit and borrowing information to National Equipment Leasing Corp. its designee & assignee. A facsimile of such authorization to be treated as an original.		
<input checked="" type="checkbox"/> _____	TITLE _____	DATE _____
PLEASE SIGN NEAR THE "X" AND PRINT NAME HERE:		