

VENDOR PROFILE & APPLICATION

Full Business Name: _____ Contact: _____

DBA: _____

Address: _____ City/State/Zip: _____

E-mail: _____ Phone: _____ Fax: _____

Business Type: Proprietorship ____ Partnership ____ Corporation ____ Year Business Began _____

Annual Sales Volume: _____ Monthly Lease Volume: \$ _____

CEO/Owner: _____ SS#: _____

Home Address: _____ City/State/Zip: _____

EQUIPMENT INFORMATION

Types of equipment/web-development sold: _____

Average Equipment Cost: \$ _____ Target Market: _____

REFERENCES

Equipment Supplier: _____ Contact: _____

Phone/e-mail: _____ Account#: _____

Equipment Supplier: _____ Contact: _____

Phone/e-mail: _____ Account#: _____

MISSION STATEMENT

Commercial Lease Solutions is eager to help our vendors grow and prosper. Please share your current and future goals and anything we can do to help make these possible.

Printed Name of Corporate Officer: _____ Signature: _____

Phone: (800) 261-5986

Fax: (614) 228-8853

email: sales@MrLease.com

