

**Vendor Information** 

Business Name / Legal Name

## **Vendor Application**

Fax Number

Address			City			State	Zip Code		
Contact Name / Mr. Ms. Mrs. (circle one)				Title		Email A	ddress		
Website Address  Type of Equipme	Equipment  New Used – Please state max age: Please state average age:								
Authorized Distributor For:						Hardware Manufacturer			
Corporation	· · · · · · · · · · · · · · · · · · ·			Other (list type) Tax ID			ID Number		
Years in Business  If less than 2 years in business, please indicate your past experience in your current industry (i.e. past employment).									
Number of Employees			Average Size Sales			Annual Sales (\$)			
Annual Lease Vo	Current Leasir	urrent Leasing Company							
Means of Distribution: (check all that apply)  □ Direct Sales, how many reps □ Internet □ Dealers □ Independent Distributors									
Markets Served: Customer Mix Consumer % Customer Mix Commercial %									
Bank Reference			,	T	- · · ·				
Bank Name (two year history) A		ccount Number(s)			Officer Name				
Address Ci		State Zip C		Zip Co	ode Phone/Fax Numbers				
Principal / Owne	r Information								
Name / Mr. Ms. Mrs. (circle one)			Title			SSN			
Address		City			State		Zip Code		
Phone Number Mob		bile Phone Emai		Email	l Address				
ACH Information: By completing the ACH section below, we will be able to pay your invoice through an automated deposit into your account.									
ACH Information									
Name on Account		Account Type			Account Number				
Bank Name		ABA Routing Number			Banl	Bank Address			
Bank Phone Number			A Copy of the Voided Check is Required						

Phone Number



Signature

## **AUTHORIZATIONS, REPRESENTATIONS AND WARRANTIES**

I hereby authorize and consent to US Equity Funding, LLC (hereafter, "USEF") and its affiliates investigating and / or obtaining credit reports, employment history, trade-references and information regarding this application and any resulting accounts. If personal information has been provided, USEF has the right to obtain personal credit reports in connection with my request for the credit for this new account, or when USEF reviews my account.

I authorize USEF and the above-mentioned financial institution to deposit all funds payable to me automatically to my checking accounts(s). I also authorize adjusting entries, as they may be required. I understand that Direct Deposit may be altered by providing three weeks written notice to USEF. I further certify that the information provided above is true and hold USEF harmless from any and all damages, losses and liabilities incurred of suffered as a result of, or incident to, any action by persons other than USEF employees.

I hereby warrant and represent that: (a) I have received a signed credit application from the prospective lessee, authorizing USEF to perform a credit check; and (b) to the best of my knowledge, the information provided in the credit application is not false, inaccurate or misleading.

Under penalties of perjury, I certify that: The Taxpayer Identification Number (TIN) on this form is correct; I am not subject to backup withholding due to failure to report interest and dividend income; and I am at least 18 years of age, and a U.S. Citizen or permanent resident alien.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Facsimile signatures shall be deemed as fully enforceable valid signatures as if such signature were an original signature as of the date of execution.

Date

Print Name / Title

A signature is required for US Equity Funding to process your application.  For questions or assistance with this form, please call 888-252-2297										
Please send both sides of completed form, via fax: 617-449-9610										
Internal Use Only:										
Vendor Code:					AUTH:					
Products:	☐ Progress Payment		□ IC-5	□IC-7						
Markets:	☐ Commercial		□ Consumer							