



equipment leasing & financing

The Leasing Experts, Inc. CORPORATE OFFICES
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PREFERRED VENDOR APPLICATION

• COMPLETE AND FAX BACK TOLL FREE TO 888-777-5327 •

* required fields

*LEGAL BUSINESS NAME:		
D/B/A:		
TRADE NAME(S):		
*MAIN BUSINESS ADDRESS:		
LOCATIONS:		
*PHONE:	FAX:	*YEARS IN BUSINESS:
*TYPE OF BUSINESS / PRINCIPLE PRODUCT SOLD (INCL. BRAND NAME IF APPLICABLE):		
RESALE NO.	FEDERAL ID #:	
AUTHORIZED DEALER FOR:		
*CONTACT NAME:	*CONTACT PHONE #:	

PRINCIPLE(S) INFORMATION (PLEASE COMPLETE THIS SECTION IF IN BUSINESS FOR LESS THAN 2 YEARS)			
#1 NAME:	SSN:	TITLE:	
ADDRESS	CITY	STATE	ZIP
#2 NAME:	SSN:	TITLE:	
ADDRESS	CITY	STATE	ZIP

BANK INFORMATION (PLEASE COMPLETE THIS SECTION IF IN BUSINESS FOR LESS THAN 2 YEARS)		
PRIMARY BANK:	BRANCH:	PHONE #:
CONTACT OFFICER:	ACCOUNT #:	
SECONDARY BANK:	BRANCH:	PHONE #:
CONTACT OFFICER:	ACCOUNT #:	

I HEREBY AUTHORIZE THE LEASING EXPERTS, INC. OR ANY OF ITS ASSIGNS TO VERIFY ANY CREDIT INFORMATION.

I, THE UNDERSIGNED, BEING AUTHORIZED TO REPRESENT THE ABOVE NAMED BUSINESS AND PRINCIPLES, AGREES TO, AND ACKNOWLEDGES THAT; 1) ALL TRANSACTIONS ARE SUBJECT TO AN EQUIPMENT INSPECTION AND/OR VERIFICATION PRIOR TO FUNDING, 2) NO "SIDE AGREEMENTS" OR OTHER REPRESENTATIONS, ORAL OR OTHERWISE, OTHER THAN THOSE OUTLINED IN WRITING BY THE LEASING EXPERTS' OR ITS ASSIGNEE(S)' ON THE LEASE/FINANCE AGREEMENT(S) WILL BE MADE BY YOU, THE VENDOR/AGENT AND/OR YOUR SUPPLIERS TO THE CUSTOMER/LESSEE.

SIGNATURE: _____

*PRINTED NAME: _____

*TITLE: _____

*DATE: _____