

Vendor Information

Please fill out completely and fax to: 877.888.7212

Referrer Name **MC, MCP, MCM**

Vendor Profile

Full Legal Name **Trade Name or Operating Name**

Mailing Address **City Prov / State Zip / Postal Code**

Phone **Fax Contact Name / Title**

Date Inc. or Est. **Yrs. Under Present Owner GST or Federal ID Number No. of Employees**

Structure: **Corporation LLC Partnership Proprietorship Other**

Business Bank References

Bank Name	Officer	Account #	Phone	Fax
1.				
2.				

Trade References

Firm Name	Contact	Phone	Fax
1.			
2.			
3.			

Equipment / Machinery Sold

Description of Equipment / Machinery

On a typical sale, what is the approximate ratio of equipment to soft costs (i.e. software, installation etc)? **Equip % Soft %**

Price Range \$ **to \$ Average Sale: \$**

Estimated Useful Life (Yrs) **Estimated Resale Value: After 3 Yrs. (%) After 5 Yrs (%)**

Is used equipment sold? (Y/N) **Is service offered? (Y/N) Warranty Length (Yrs)**

Authorized Distributor for (List):

Sales / Customer Information

Last Year's Sales Volume of equipment applicable to a lease program \$

Customers (types of customers to which your equipment is sold)

Established Businesses (%) **New Businesses (%) Consumers (%) Other (%)**

In connection with this application for a Vendor Program, I hereby authorize Alliance Financing Group Inc. and/or any of its designated underwriters to obtain, in whatever manner deemed necessary, all of the information it requires, including credit information, whatever the source, such source(s) being hereby authorized to provide such information.

Authorized Signature _____ Name (Please Print) _____

Title _____ Date _____