

# VENDOR PROFILE

LEASING CONSULTANT:	DATE:
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BUSINESS INFORMATION			
LEGAL NAME:		OPERATING AS:	
ADDRESS:			TEL: (    )
CITY:	PROVINCE:	POSTAL CODE:	FAX: (    )
CONTACT:		E-MAIL ADDRESS:	
YEARS IN BUSINESS UNDER PRESENT OWNERSHIP:		# OF EMPLOYEES:	
TYPE OF BUSINESS: <input type="checkbox"/> AUTHORIZED DISTRIBUTOR / RESELLER <input type="checkbox"/> MANUFACTURER / RESELLER			
BUSINESS DESCRIPTION:			
PRIMARY PRODUCTS / BRANDS SOLD:			
TRADING AREA:			# OF SALES REPS
LEASING COMPANIES USED:			
WHO COORDINATES VENDORS LEASING:			AVERAGE SALES AMOUNT: \$
AVERAGE MONTHLY SALES VOLUME: \$		AVERAGE MONTHLY LEASE VOLUME: \$	
ANTICIPATED LEASE VOLUME: \$		WEB SITE:	
DOES YOUR COMPANY SELL ONLY: <input type="checkbox"/> NEW EQUIPMENT <input type="checkbox"/> USED EQUIPMENT <input type="checkbox"/> BOTH NEW AND USED EQUIPMENT			
HOW IS SERVICE PROVIDED ON PRODUCTS SOLD BY YOUR COMPANY :			

SUPPLIER REFERENCE		
NAME:	TEL: (    )	CONTACT:
NAME:	TEL: (    )	CONTACT:
NAME:	TEL: (    )	CONTACT:

BANKING INFORMATION			
BANK:	ADDRESS:	TEL: (    )	
CONTACT:	CAN. ACC#	US. ACC#	HOW LONG ?
INVENTORY FINANCE COMPANY: YES <input type="checkbox"/> NO <input type="checkbox"/>			NAME:    TEL: (    )

PRINCIPALS INFORMATION (IF APPLICANT IS PROPRIETORSHIP OR PARTNERSHIP)			
FULL NAME:			TEL: (    )
ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:
DATE OF BIRTH: DAY____ MTH____ YR____		SIN #	
RELEASE: This will be your authority and my request for you to release any information requested concerning credit standing with your company. I hereby further authorize any photostat copies of this release.			
SIGNATURE _____		DATE _____	

FOR OFFICE USE ONLY	
VENDOR #:	DUNS #:
APPROVED BY: _____	DATE: _____

FAX PROFILE TO: (416) 497-9988 OR 800 835-8464