



## VENDOR REGISTRATION FORM

Name

Company

Address

City  State  Zip

Email

Phone  Fax

Type of Equipment You Sell

Number of Stores

How would you prefer to be contacted?  Email  Telephone

What type of financing are you interested in?

<input type="checkbox"/> Lease Transactions	<input type="checkbox"/> Equipment Finance Transactions
<input type="checkbox"/> \$10 Purchase Options	<input type="checkbox"/> Conditional Sales Contracts
<input type="checkbox"/> Fixed Price Purchase Options	<input type="checkbox"/> Fair Market Value Options
<input type="checkbox"/> Step Payment Structures	<input type="checkbox"/> Variable Payment Structures
<input type="checkbox"/> Seasonal Payment Structures	<input type="checkbox"/> Progress Payments
<input type="checkbox"/> Application Only	<input type="checkbox"/> Private Label

### Comments

**AUTHORIZATION and RELEASE:** The undersigned hereby certifies that the information provided herein is, to the best of his/her knowledge, true and accurate as the date hereof and that the telephone numbers shown above are the true business contact numbers for this entity. This certification constitutes permission to call these numbers.