



ONLINE APPLICATION:

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PLEASE RETURN VIA FAX TO:

866-329-8363

ROB WASSON

DIRECT DIAL: 410-933-8135 * RWASSON@VENDELEASE.NET

Supplier Sales Rep:

Equipment Cost : \$

Term:

Business Information: Corporation Partnership LLC Proprietorship Non-Profit Other

| | | | | | | | | |
|------------------|--|-------|--|----------------------|--|---------------------|------|--------------------------------|
| Full Legal Name: | | | | D/B/A Name: | | | | |
| Address: | | City: | | County: | | State: | Zip: | Own: <input type="checkbox"/> |
| | | | | | | | | Rent: <input type="checkbox"/> |
| Telephone: | | Fax: | | Business Start Date: | | Nature of Business: | | Tax ID #: |

Additional Companies Owned:

| | | | | | | | | |
|------------------|--|-------|--|----------------------|--|---------------------|------|-----------|
| Full Legal Name: | | | | D/B/A Name: | | | | |
| Address: | | City: | | County: | | State: | Zip: | |
| | | | | | | | | |
| Telephone: | | Fax: | | Business Start Date: | | Nature of Business: | | Tax ID #: |

Personal Information of Guarantors:

| | | | | | | | | | |
|-----------------|--|---------------|--|-----------------|--|--------------------|------|--------------------------------|--|
| Name: | | Title: | | % of Ownership: | | Social Security #: | | Date of Birth: | |
| Address: | | City: | | County: | | State: | Zip: | Own: <input type="checkbox"/> | |
| | | | | | | | | Rent: <input type="checkbox"/> | |
| Home Telephone: | | Mobile Phone: | | E-Mail Address: | | | | | |

| | | | | | | | | | |
|-----------------|--|---------------|--|-----------------|--|--------------------|------|--------------------------------|--|
| Name: | | Title: | | % of Ownership: | | Social Security #: | | Date of Birth: | |
| Address: | | City: | | County: | | State: | Zip: | Own: <input type="checkbox"/> | |
| | | | | | | | | Rent: <input type="checkbox"/> | |
| Home Telephone: | | Mobile Phone: | | E-Mail Address: | | | | | |

| | | | | | | | | | |
|-----------------|--|---------------|--|-----------------|--|--------------------|------|--------------------------------|--|
| Name: | | Title: | | % of Ownership: | | Social Security #: | | Date of Birth: | |
| Address: | | City: | | County: | | State: | Zip: | Own: <input type="checkbox"/> | |
| | | | | | | | | Rent: <input type="checkbox"/> | |
| Home Telephone: | | Mobile Phone: | | E-Mail Address: | | | | | |

Landlord Information:

| | | | | | | | |
|----------|--|----------|--|----------|--|--------|----------------|
| Name: | | Contact: | | Phone #: | | Fax #: | |
| Address: | | City: | | State: | | Zip: | Email Address: |

Bank Information:

| | | | | | |
|---------------|--|------------|--|----------|--|
| Name of Bank: | | Account #: | | Phone #: | |
| Name of Bank: | | Account #: | | Phone #: | |



Vend Lease Company, Inc.
8100 Sandpiper Circle
Baltimore, MD 21236

Phone: 410-933-8100 * 888-363-5327
Fax: 410-933-5258 * 866-329-8363

www.vendlease.net

Applicant(s) represents the foregoing information contained in this credit application is true and correct and that Vend Lease Company, Inc, or its designees, may totally rely on same and Applicant(s) hereby authorizes our banks, trade references and other financial institutions to release credit information to Vend Lease Company, Inc., or its designees, even if by fax or copy of this document. Applicant(s) further authorizes Vend Lease Company, Inc., or its designees, to obtain other credit information from all sources including, but not limited to, credit bureau reports on the business and any guarantors as individuals. By signing below, the individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Vend Lease Company, Inc. or its designees (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A Photostat, facsimile copy or electronic signature of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individuals identified in the above application with the proper authority to act as such. It is further understood and agreed that Vend Lease Company, Inc. may, in its sole discretion, approve or reject this credit application.

| | | |
|--|--------|-------|
| <input checked="" type="checkbox"/> SIGNATURE: | PRINT: | DATE: |
| <input checked="" type="checkbox"/> SIGNATURE: | PRINT: | DATE: |
| <input checked="" type="checkbox"/> SIGNATURE: | PRINT: | DATE: |