



VENDOR PROFILE

**1770 S. Randall Road, #A-145
Geneva, IL 60134**

**Ph: 800.747.7304
Fax: 800.281.3959**

VENDOR INFORMATION – Provide the following information regarding your Company (PLEASE PRINT)

Business Name		Federal Identification No.	
Street Address		State Resale Tax No.	
City	State	Zip	Website:
Telephone No: ()	Fax No: ()	Email:	
Type of Business (check one) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation (Incorporated in State of _____)	Age of This Business ____ Years ____ Months	Do you own or rent your business office? ____ Own ____ Rent	
Principal Name	Title:	Home Phone ()	
Social Security No:	Home Address:		
Principal Name	Title:	Home Phone ()	
Social Security No:	Home Address:		
EQUIPMENT INFORMATION: What type of equipment do you sell / install?			
Equipment Specialties		% of Total \$ Volume	
1. _____		_____	
2. _____		_____	
3. _____		_____	

BANK REFERENCES – Provide the following information regarding the bank(s) you do business with:

Name of Bank	City/State	Telephone No. ()	Account No.	Contact Officer
Name of Bank	City/State	Telephone No. ()	Account No.	Contact Officer

**TRADE REFERENCES – Provide the following information regarding the companies that supply products and services to you.
(Include any leasing companies that you have done business with in the past.)**

Name of Company	City/State	Telephone No. ()	Account No.	Contact
Name of Company	City/State	Telephone No. ()	Account No.	Contact
Name of Company	City/State	Telephone No. ()	Account No.	Contact

AUTHORIZATION

I hereby authorize BizOne Capital and/or any agent or other investigative agency employed by BizOne Capital to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to the above named applicant's credit and financial responsibility.

Name: _____ Title: _____
Signature _____ Date: _____