



VENDOR APPLICATION / REFERRAL PARTNER

Vendor Business Name (Legal Name)				
DBA	Vendor Phone		Vendor Fax	
Vendor Address				
Vendor City	Vendor State	Vendor Zip	Vendor County	
Tax ID#	Duns #		# of Employees	
Business Description		Vendor Business Structure (circle) Corp Partnership Sole Prop. LLC LLP		
Vendor Years in Business (ownership)	Email			
Vendor Contact		Title		Sell Used Equip.? Yes No
Auth. Distributor		Manufacturer		
Business Alone Yes No (No – Principal Information Required)		Less than 2 Yr. TIB, State Past Experience		

PRINCIPALS

Name	% Own	Title	SS#	-	-
Home Address		City	State	Zip	
Name	% Own	Title	SS#	-	-
Home Address		City	State	Zip	

INDUSTRY: (circle one)

ATM	Computer	Food Service	Multi Media	Water Quality
Automotive	Construction	Health Care	Office	Wood Working
Credit Card	Copier	HVAC	Tele Comm.	Other / General Equip. Type (explain)
Cleaning	Embroidery	Landscaping	Titled	
Carpeting	Engraving	Laundry	Tools	
Coffee	Fitness	Material Handling	Vending	

AUTHORIZATION, REPRESENTATIONS, AND WARRANTIES

- I am seeking approval of a Referral Program Dealer; I hereby represent and warrant that I have obtained authorization from said Referral Program Dealer which allows Lease Genie and its affiliates to conduct an investigation of the Referral Program Dealer's creditworthiness.
- I hereby certify that the information provided above is true and I agree to indemnify and hold Lease Genie and its affiliates harmless from any and all damages, losses and liabilities incurred or suffered as a result of, or incident to, any action by persons other than Lease Genie's or its affiliates employees.
- I hereby warrant and represent that: (a) When and if I receive a signed credit application from a prospective lessee or lessees, such credit applications authorize Lease Genie and its affiliates to perform a credit check on those prospective lessee(s); and (b) To the best of my knowledge, the information provided in the Vendor Application is not false, inaccurate or misleading.

By completing and signing this Vendor Application, I will be completing the signing process and this application will be submitted for credit approval. A fax, photocopy or electronic representation of my signature of this authorization shall be valid as the original.

Vendor / Applicant Signature Printed Name Date