

Vendor Application



Please take a moment to complete the following form so we might better understand your business and leasing needs.

| | | | | | |
|---|---|--|---|------------------------|-------------------------|
| Vendor Information | | | | | |
| Business Name/Legal Name | | Phone Number | | Fax Number | |
| Address | | City | | State | Zip Code |
| Contact Name/ Mr. Ms. Mrs. (circle one) | | Title | | Email Address | |
| Web Site Address | | Equipment <input type="checkbox"/> New <input type="checkbox"/> Used – Please state max age: Please state average age: | | | |
| Type of Equipment | | | | | |
| Authorized Distributor For: National Equipment Leasing | | | | Hardware Manufacturer: | |
| Corporation <input type="checkbox"/> | Partnership <input type="checkbox"/> | Sole Proprietorship <input type="checkbox"/> | Other (list type) <input type="checkbox"/> | Tax ID Number | |
| Yrs in Business | If less than two years in business, please indicate your past experience in your current industry (i.e. past employment). | | | | |
| Number of Employees | | Average Size Sale | | Annual Sales (\$) | |
| Annual Lease Volume (\$) | | | Current Leasing Company | | |
| Means of Distribution: (check all that apply) <input type="checkbox"/> Direct Sales, how many reps? _____ <input type="checkbox"/> Internet <input type="checkbox"/> Dealers <input type="checkbox"/> Independent Distributors | | | | | |
| Markets served: | | Customer Mix Consumer | | % | Customer Mix Commercial |
| | | | | % | |
| Bank Reference | | | | | |
| Bank Name (two year history) | | Account Number(s) | | Officer Name | |
| Address | City | State | Zip Code | Phone/Fax Numbers | |
| Principal / Owner Information | | | | | |
| Name / Mr. Ms. Mrs. (circle one) | | Title Owner | | SSN | |
| Address | | City | | State | Zip Code |
| Phone Number | | Email Address | | Mobile Phone | |

Addition Information or Notes You Would Like to Share with Us:

Vendor Application



AUTHORIZATION, REPRESENTATIONS AND WARRANTIES

I hereby authorize and consent to National Equipment Leasing (hereinafter, "NEL") and its affiliates investigating and/or obtaining credit reports, employment history, trade-references and information regarding this application and any resulting accounts. If personal information has been provided, NEL has the right to obtain personal credit reports in connection with my request for credit for this new account, or when NEL reviews my account.

I hereby warrant and represent that: (a) I have received a signed credit application from the perspective lessee, authorizing NEL to perform a credit check; and (b) to the best of my knowledge, the information provided in the credit application is not false, inaccurate or misleading.

Under penalties of perjury, I certify that: The Taxpayer Identification Number (TIN) on this form is correct; I am not subject to backup withholding due to failure to report interest and dividend income; and I at least 18 years of age, and a U.S. Citizen or permanent resident alien.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Facsimile signatures shall be deemed as fully enforceable valid signatures as if such signature were an original signature as of the date executed.

| Signature | Print Name/Title | Date |
|-----------|------------------|------|
|-----------|------------------|------|

A signature is required for National Equipment Leasing to process your application.

For questions or assistance with this form, please call National Equipment Leasing at 317-823-0447.

Please send both sides of completed form, via fax: 317-823-0474.