

# Lease Genie

Equipment Leasing Working Capital

## VENDOR PROFILE / REFERRAL PARTNER

NOTE: (Yellow Highlight is Required Information)

Vendor Business Name (Legal Name)			
DBA	Vendor Phone	Vendor Fax	
Vendor Address			
Vendor City	Vendor State	Vendor Zip	Vendor County
Vendor Tax ID#	Duns #	# of Employees	
Business Description	Vendor Business Structure (circle) Corp Partnership Sole Prop. LLC LLP		
Vendor Years in Business	Email		
Vendor Contact Name	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		

## AUTHORIZATION, REPRESENTATIONS, AND WARRANTIES:

- I am seeking approval as a “Referral Dealer” (Equipment Vendor/Dealer/ Distributor); I hereby represent and warrant and authorize Lease Genie and its affiliates to investigate the Referral Dealer’s creditworthiness.
- I hereby certify the information provided above is true and correct to best of my knowledge and 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 any misrepresentation(s).
- I hereby warrant and represent that: (a) When and if I receive a signed credit application from a prospective lessee(s), 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 Lessee(s) credit application is not false, inaccurate or misleading.

By completing and signing this Vendor Profile, I will be completing the signing and authorization process and this Vendor Profile will be used to approval and payment of the Referral Dealer. A fax, photocopy or electronic representation of my signature of this authorization shall be valid as the original.

\_\_\_\_\_  
Vendor / Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# Lease Genie

Equipment Leasing  Working Capital

**EQUIPMENT SOLD / SERVICED / INDUSTRY: (circle one):**

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

**VENDOR ACH INVOICE PAYMENT AUTHORIZATION**

**For Proper Payment (Double Check for Accuracy)**

Company Name:
Bank Routing Number:
Account Number:
For Proper Payment, Please Include a Voided Check:

**ATTACH VOIDED CHECK FOR ACCURACY**