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VENDOR APPLICATION

VENDOR INFORMATION (Please print legibly)

Legal Name of Company:		Telephone #:	Fax #:	
Address:		City:	State:	Zip:
Contact Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Title:		Email:	
Website Address:				
Authorized Distributor For:		Hardware Manufacturer:		
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (List Type):				Tax ID #:
Years in Business (Min. 2yrs.):	Number of Employees:	Average 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 (%):	

EQUIPMENT INFORMATION

Type of Equipment:

Equipment: <input type="checkbox"/> New <input type="checkbox"/> Used	If used, state max age:	If used, state average age:
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TRADE-BANK REFERENCES (Two year history)

Bank Name:	Account #(s):	Phone #:	Officer Name:	
Address:		City:	State:	Zip:
Bank Name:	Account #(s):	Phone #:	Officer Name:	
Address:		City:	State:	Zip:

PRINCIPAL / OWNER INFORMATION

Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Title:	SSN:		
Address:		City:	State:	Zip:
Phone #:	Email Address:	Mobile #:		

ACH INFORMATION (By completing this ACH section, we will be able to pay your invoice through automated deposit into your account.) COPY OF VOIDED CHECK REQUIRED

Name on Account:	Account Type:	Account #:		
Bank Name:	ABA Routing #:		Bank Phone #:	
Bank Address:	City:	State:	Zip:	

SIGNATURE

- I hereby authorize and consent to LONDON Leasing and its assignees 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, Principal Capital and its assignees has the right to obtain personal credit reports in connection with my request for credit for this new account, or when Principal Capital and its assignees reviews my account.
- I authorize LONDON Leasing and its assignees and the above-mentioned financial institution to deposit all funds payable to me automatically to my checking account(s). I also authorize adjusting entries, as they may be required. I understand that Direct Deposit may be altered by providing three weeks written notice to LONDON Leasing and its assignees. I further certify that the information provided above is true.
- I hereby warrant and represent that: (a) I have received a signed credit application from the perspective lessee, authorizing LONDON Leasing and its assignees 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.

Signed:	S.S.#:
Print Name:	Date: