

Lease One

S Y S T E M S

<http://www.lease-one.com>

7305 Manchester Road, Suite C-1
St. Louis, MO 63143-3109
(314) 645-4440
FAX (314) 645-2663

VENDOR INFORMATION FORM

Legal Business Name: _____

DUNS #: _____ Resale number _____ Tax ID Number _____

Trade Name(s): (dba): _____ State Registered In: _____

Main Business Address: _____

Other Locations: _____

Main Phone Number: (____) _____ Fax Number: (____) _____

Years in Business: _____, Web Page: _____, email: _____

Type of business or principal product sold (Include brand name if applicable): _____

Authorized dealer for: _____

OWNER INFORMATION

Name: _____ SS #: _____ % Ownership: _____

Name: _____ SS #: _____ % Ownership: _____

Name: _____ SS #: _____ % Ownership: _____

VENDOR'S BANK INFORMATION

Primary Bank: _____, Phone: (____) _____

Address: _____
Street Address City State Zip

Account Number: _____, ABA Number _____ Contact Officer: _____

Secondary Bank: _____, Phone: (____) _____

Address: _____
Street Address City State Zip

ABA Number _____, Account Number:: _____

VENDOR'S TRADE INFORMATION

Company: _____, Contact: _____, Phone: (_____) _____

Street Address _____ City _____ State _____ Zip _____

Company: _____, Contact: _____, Phone: (_____) _____

Street Address _____ City _____ State _____ Zip _____

Company: _____, Contact: _____, Phone: (_____) _____

Street Address _____ City _____ State _____ Zip _____

The above information supplied is verified as being true and correct by:

Name Title Date