

VENDOR PROGRAM

General Vendor Information (must be complete):

| | | | |
|-------------------|--|--------|--|
| Name: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone: | | | |
| Fax: | | | |
| Contact: | | Title: | |
| E-mail Address: | | | |
| Web Site Address: | | | |
| Fed Tax ID #: | | | |

| |
|--------------------------|
| Location (Headquarters): |
| Location (Branches): |
| Date Founded: |
| # of Employees: |
| # of Sales Reps: |

| | | | |
|---------------------------------------|--|--|--|
| Annual Sales Volume: | | Current Annual Leasing Volume: | |
| Estimated Lease Volume Per Month - \$ | | Estimated Lease Volume - Transactions Per Month: | |

Equipment Information:

Please detail the types of equipment sold:

| | | | | |
|--------------------------------|---------|--|----------|--|
| Equipment Cost Price Range: | Low \$: | | High \$: | |
| Average Transaction Size (\$): | | | | |
| | | | | |

| | | | | |
|------------|------------|-------------------------|---------|---|
| % Hardware | % Software | % Services / Soft Costs | % Other | = |
| | | | 100% | |

Typical Customer Profile:

| | | | | | |
|---|-----|-----------------------------|--|-------|--|
| Type of Business: | | | | | |
| Mature or start-ups or both? | | Are PG's usually available? | | | |
| End of Lease Options Required: | \$1 | 10% | | FMV's | |
| Other Special Needs for a Successful Program: | | | | | |
| | | | | | |

Current Leasing Program:

| |
|--|
| Current Leasing Company/s Used: |
| Current Pricing Structures: |
| Amount Funded Last Year w/Current Companies: |

NOTES:
