



ABC Leasing, Inc.

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VENDOR APPLICATION

VENDOR CODE

BUSINESS INFORMATION:

Name of ISO or ISA: _____

Corporate Name {if different from above}: _____

Address: _____ City: _____ State: _____ Zip: _____

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

Type of Ownership: Corporation / Partnership / Sole- Proprietorship {Circle appropriate type}

Years in Business: _____ Name of the Bank Represented: _____

Equipment Vendor's Name, Address & Phone Number: _____

Expected Number of Leases {per month}: _____ Tax I.D. Number: _____

TRADE REFERENCES:

1) _____ Contact: _____ Phone Number: (____) _____

2) _____ Contact: _____ Phone Number: (____) _____

OFFICERS INFORMATION:

#1) Name: _____ Title: _____

Address (Home): _____ City: _____ State: _____ Zip: _____

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

% of Ownership: _____ % Social Security Number: _____ - _____ - _____

#1) Name: _____ Title: _____

Address (Home): _____ City: _____ State: _____ Zip: _____

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

% of Ownership: _____ % Social Security Number: _____ - _____ - _____

THE UNDERSIGNED APPLIES TO BECOME A VENDOR FOR ABC LEASING, INC. ABC LEASING, INC. AND OR ITS AFFILIATES ARE AUTHORIZED TO CHECK MY/OUR COMPANY & PERSONAL CREDIT AND PROVIDE HISTORY INFORMATION TO OTHERS ABOUT ABC LEASING, INC.'S CREDIT EXPERIENCE WITH ME/US.

#1 APPLICANT

#2 APPLICANTS

Name (Printed): _____

Name (Printed): _____