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VENDOR PROFILE

Vendor Company Name: _____ Date: _____
 DBA: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____ Fax: _____
 Type of Business Corporation Partnership Sole Proprietorship LLC
 Incorporated in what state: _____ DBA paper filed in what county & state: _____
 Articles of Co-Partnership filed in what state: _____ Year Established: _____
 County in which you are located: _____ Tax I.D. #: _____
 Nature of business: _____

Please attach a copy of Corporation Resolution (if Corporation) or DBA Papers (if Partnership or Sole Proprietorship)

This Section Must Be Completed and A Copy Of Drivers License and Social Security Card Must Be Attached for Consideration: Indicate below the Name, Home Address, Social Security #, and Drivers License # of all the principal(s) of the Business. Any or All of the below indicated persons agree and understand that their individual credit worthiness and leasing experience whether listed here or on credit information obtained may be verified and considered by LogicalLease LLC. in evaluating this Lease Originator Application.

Name and Address	Drivers License No.:	Social Security No.:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Nearest Relative	Address	Phone Number
_____	_____	_____
_____	_____	_____

Processor/Bank(s) You Represent:
 Name: _____
 Address: _____
 Phone: _____
 Contact: _____
 Previous MSP's/ISO's Associated with: _____ How Long? _____
 _____ How Long? _____
 Are you registered with Visa/MasterCard? _____ As of What Date _____
 How Long at Present Business Address: _____
 Type of Equipment Sold: _____
 Do you handle Service and Warranty Work YES NO Sublet This Work YES NO

Bank References	City	Contact	Phone	Type Account	Acct #
REQ: Leasing Co(s) Used	City	Contact	Phone	Years	Monthly Volume

Is Company D & B Rated? _____ If Yes, Rating _____ D&B # _____
 Vendor Contact _____ Title _____

Signature _____
FAX to: 847/426.1582