



Southlake Capital, LLC

PHONE: (205) 682-2815 FAX: (205) 682-2819

Vendor Information

Name: _____ Vendor # (internal purposes only): _____

DBA: _____

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

Phone: _____ Cell Phone: _____ Fax: _____

of Employees: _____ Other Locations: _____

Years in Business Under Present Ownership: _____ Duns #: _____

Type of Business/Principal Product Sold: _____

(Please attach brochures)

Federal Tax ID#: _____ Resale #: _____

Manufacturer/Supplier Trade Information:

Authorized Vendor

Name: _____ Phone: _____ Contact: _____ Y / N

Name: _____ Phone: _____ Contact: _____ Y / N

Trading Area: _____ Number of Sales Reps: _____

Leasing Companies Used: _____

Who Coordinates Vendor's Leasing: _____

Average Size Sale: _____ Average Monthly Sales: _____

Number of Leases Per Month: _____ Average Monthly Lease Volume (\$): _____

Your Bank _____ Phone: _____

Contact: _____ Business Checking Account: _____

Principal's Name: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Social Security: _____

Principal's Name: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Social Security: _____

For the purpose of obtaining credit, I certify that the information given in this application and any attached schedules is true and correct and the preceding statements, correctly reflect our financial condition as of the date indicated below and that there has been no material change since then. I hereby authorize any financial institution or other credit reference to verify the information above or provide additional information which Southlake Capital may request and, in addition, Southlake Capital has permission to call, mail, fax and email the above applicant.

X _____ Title: _____ Date: _____