

Business Development Officer:	Application Date:	
·	Business Development Officer:	

Send completed and signed application to SalesCoordinator@ELGALLC.COM

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VENDOR INFORMATION			
Full Legal Company Name:		DBA:	
Address:		City/County/Parish:	State: ZIP Code:
Key Contact:	Title:	Federal Tax ID #:	Social Security #:
Phone:	Fax:	Email:	Company Website:
Phone:	Mobile:		
Check One: Corporation	Partnership Proprietorship LLC	☐ Individual ☐ Other	
Number of Employees:	Years in Business:	Average Monthly Volume:	Average Number of Transactions Per Mont
Annual Sales:	Dollar Range of Transactions:	Percentage of Transactions Financed:	# of Equipment Suppliers Served Regularly:
PRODUCT INFORMATION			
Manufacturer Name:		Manufacturer Authorized:	Percentage of Total Volume:
l.		☐ Yes ☐ No	
2.		☐ Yes ☐ No	
3.		☐ Yes ☐ No	
ł.		☐ Yes ☐ No	
BANK INFORMATION			
Name of Bank/Branch:	Checking Account Number:	Telephone Number:	Contact Officer:
Name of Bank/Branch:	Checking Account Number:	Telephone Number:	Contact Officer:
CURRENT LEASING COMPANIES			
Name:	Average Monthly Volume	☐ Satisfied ☐ Unsatisfied	Reason:
Name:	Average Monthly Volume	☐ Satisfied ☐ Unsatisfied	Reason:
Name:	Average Monthly Volume	☐ Satisfied ☐ Unsatisfied	Reason:
VENDOR CREDIT APPROVAL			
Vendor warrants that the information subm (including an authorized signatory of the ap provide) concerning any lease applicant. Ve	itted herein is true and correct. Vendor agrees that it will n plicant) authorizing ELGA's credit investigation of such ap	ot submit any information relating to a lease applicant wi plicants. In addition, Vendor agrees to provide ELGA, wi is true and correct to the best of its knowledge. Further, V	ith all information that it has (and which it may lawfully Vendor understands that ELGA, reserves the right to deny o
RELEASE AND AUTHORIZAT	ION		
,	e and request you to obtain information concerning t Leasing Group of America, LLC to share any such	, , ,	* * *
	ed Signature	Print Name and Title	e Date