

VENDOR PROFILE

Please return completed and signed form to **866-698-7591** (fax) or email to **Vendors** @PartnersCapitalGrp.com All fields must be completed.

Your Relationship Manager Cont		act#				Email			
Vendor Information									
Legal Name			DBA						
Additional locations?			Phone Number Fax Number						
Address		City				State	Zip Code		
Contact Person:	ct Person: Title:		E-mail Addr	ess:	ess:				
Website:	Equipment: New Used Both								
Manufacturer(s) and Type(s) of Equipment Sold:									
		ased bus.? No 🗌			# of Em	Employees Monthly Finance Volume \$			
Means of Distribution: (Check all that apply)									
Retail Wholesale Internet Re-Sellers Independent Distributors									
Do you provide service and support?	Average Size Sale: \$								
Annual Sales: Annual Lease Volume: \$			Current Leasing Company						
CORP LLC Partnership	Sole F	Proprietorship	Tax ID#	 Tax ID#			DUNS#:		
Vendor Set-up Information									
Prefunding Requirement: % Accept Purchase Order: Y/N									
Software Only: Y/N? If Yes, What % of Transaction?									
Promotional Offers:									
Comments, specify any special handling requirements for you or your customers:									
Drimory Cumpling (a)									
Primary Supplier (s) Name	mber	Acco	unt Num	hor					
Name Pho			Phone Number		Account Number				
Bank Information – Copy of Canc	eled Check	Required -							
Name on Account			Account Type Ac		Accou	Account Number			
Bank Name, Contact & Phone			ABA Routing			outing	Number		
Authorization to Release Information									
I/we hereby authorize Partners Capital Group and its assigns to obtain business, as well as personal, information regarding									
my/our credit history via banks, trades, credit reporting companies and other extenders of credit in order to determine and establish a vendor relationship. Release of personal information required for companies in business less than two years.									
Signature			Date			Title			