

UNIVERSAL LEASING SERVICES
 120 SW 2nd Street, Suite 106
 Lee's Summit, Missouri 64063
 Voice (816) 347-0808
 Fax (816) 347-9494

VENDOR INFORMATION

VENDOR

NAME		
ADDRESS		
PHONE	FAX	
SALES PERSON		
TYPE OF BUSINESS	FEDERAL TAX ID #	DATE ESTABLISHED
Corporation Proprietorship Partnership LLC Not for Profit Other _____		
PRIMARY BANK	ADDRESS (CITY, STATE)	PHONE NUMBER (AREA CODE)
CHECKING ACCOUNT NUMBER	COMMERCIAL OR INSTALLMENT LOAN ACCT. NO.	BANK OFFICER
PRIMARY SUPPLIER	CONTACT NAME	PHONE
SECONDARY SUPPLIER	CONTACT NAME	PHONE

OWNERSHIP INFORMATION

PRINCIPLE NAME	TITLE	% OWNED	HOME ADDRESS	SS#
PRINCIPLE NAME	TITLE	% OWNED	HOME ADDRESS	SS#

Authorization:

I/We as principal and/or guarantor of this company authorize(s) ULS and/or it's designee(s) to review my/our personal credit profile provided by national credit bureaus in considering this application. Furthermore, I/we authorize ULS and/or it's designee(s) to obtain credit information on our business by telephone or facsimile from whatever source it deems necessary, including but not limited to our bank and trades. I/We understand that ANY information obtained will be treated confidentially. It will be used only in assisting ULS and/or it's designee(s) in securing lease financing. A photo-copy of this authorization can be accepted as an original.

BY: _____ Title: _____ Date: _____