

Vendor Enrollment Form

Sales Rep:	Dean Morrison/John Dondey	Phone #:	877-229-4888
Office:	Baytree Sunrise	FAX #:	877-815-4828

General Vendor Information:

Legal Name:			
Address:			
City, State, Zip:			
Phone:			
Fax:			
Contact:		Title:	
E-mail Address:			
Web Site Address:			

Reseller of: (Circle)	Equipment	Software	Furniture	Other:
Authorized Reseller For::			Reseller ID: (if applicable)	
End of Lease Options Required: (Circle)				
\$1.00	10%	PUT	FMV	Other
Federal Tax ID:				

Circle those of interest for more information:

- | | |
|--------------------------|------------------------------|
| Creative Lease Programs | End User Marketing Pieces |
| ACH Payment | Showroom Signage for Leasing |
| Progress Payment Program | Sales Force Training Program |
| Commission Rates | Trade Show Support |
| Web Content | Other: Describe below |

On-Line Credit Applications
