

# VENDOR PROFILE

Please complete and fax back to Dimension Funding FAX: 949-250-8042

LEGAL BUSINESS NAME: \_\_\_\_\_

TRADE NAME OR BUSINESS SYTLE: \_\_\_\_\_

PRIMARY BUSINESS ADDRESS: \_\_\_\_\_

STRUCTURE OF COMPANY: (check one) \_\_\_CORPORATION \_\_\_PARTNERSHIP \_\_\_SOLE PROPRIETORSHIP

TELEPHONE NUMBER: ( ) \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_

D&B LISTED: \_\_\_\_\_ YES \_\_\_\_\_ NO WEBSITE: \_\_\_\_\_

OTHER LOCATIONS: \_\_\_\_\_

TIME IN BUSINESS UNDER CURRENT OWNERSHIP: \_\_\_\_\_

FEDERAL TAX I.D. NUMBER: \_\_\_\_\_ RESALE CERTIFICATE NUMBER: \_\_\_\_\_

TYPE OF BUSINESS: (Major Products Sold, Distributed- Include Brand Names If Applicable): \_\_\_\_\_

ARE THE PRODUCTS: \_\_\_\_\_ NEW, \_\_\_\_\_ USED, OR \_\_\_\_\_ BOTH

ARE WARRANTIES AND/OR MAINTENANCE AGREEMENTS OFFERED: \_\_\_\_\_ YES OR \_\_\_\_\_ NO

AUTHORIZED DEALER FOR: \_\_\_\_\_

PRIMARY TRADING AREA(S): \_\_\_\_\_

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## BANK REFERENCE

BANK NAME: \_\_\_\_\_ TELEPHONE NUMBER: ( ) \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## SUPPLIER INFORMATION

COMPANY: \_\_\_\_\_ TELEPHONE NUMBER: ( ) \_\_\_\_\_

COMPANY: \_\_\_\_\_ TELEPHONE NUMBER: ( ) \_\_\_\_\_

## LANDLORD INFORMATION

COMPANY/AGENT: \_\_\_\_\_ TELEPHONE NUMBER: ( ) \_\_\_\_\_

## VERIFICATION

SIGNATURE OF PREPARER: \_\_\_\_\_ DATE: \_\_\_\_\_

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS INFORMATION SHEET IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZED DIMENSIONFUNDING, LLC. ITS SUCCESSORS AND/OR ASSIGNS TO VERIFY THE INFOMATION CONTAINED IN THIS INFORMATION SHEET, AND I FURTHER HEREBY AUTHORIZE ANY OF THE REFERENCES CONTAINED IN THIS INFORMATION SHEET TO RELEASE CREDIT INFORMATION TO DIMENSION FUNDING, LLC.