



540 North Meridian Rd.
 Suite B
 Youngstown OH 44509
 866-570-0035
 Fax 1-866-570-9906

Vendor Application

Business Name (Full Legal Name) _____ Date _____

Doing Business As _____

Telephone _____ Fax _____

Business Address _____

City _____ County _____ State _____ Zip _____

Years at Present Address _____ Annual Sales _____

Date Business Established _____ Years under Current Management _____

Fiscal Year End _____ Headquarters Address(if different) _____

Principal Contact _____ Title _____

Person who handles Finance Packages or Closings _____

Organization: (check one please) _____ Corporation _____ Proprietorship

_____ Partnership _____ Sub Chapters or _____ LLC

Companies Website Address (if applicable) _____

Federal Tax ID # _____ Email Address _____

License Number _____ Sales Tax Rate _____ Special Taxes? _____

Principals

Name _____ Title _____ % of Ownership _____

Home Address _____ SSN _____

Name _____ Title _____ % of Ownership _____

Home Address _____ SSN _____

Business Manager _____ Sales Manager _____

I hereby authorize our banks, trade references, and financial institutions to release Credit Information to American Specialty Equipment Capital and further authorize American Specialty Equipment Capital to obtain other credit information, including but not limited to Consumer Credit Bureau Reports for individuals responsible for the business debt as described above.

Vendor Signature _____ Date _____

Vendor Signature _____ Date _____

Vendor Signature _____ Date _____

Vendor Signature _____ Date _____