



VENDOR LEASE APPLICATION

ADDRESS 10712 South 1300 East, Sandy, UT 84094

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WEB www.medonegroup.com

VENDOR INFORMATION PLEASE USE THE FULL LEGAL NAME

BUSINESS NAME / LEGAL NAME ADDRESS, CITY, STATE, ZIP

FEDERAL TAX ID# CONTACT PERSON TITLE

PHONE FAX EMAIL WEBSITE

BUSINESS TYPE Corporation Proprietorship Partnership LLC Non Profit

AUTHORIZED DISTRIBUTOR FOR: HARDWARE MANUFACTURER:

CURRENT LEASING COMPANY: ANNUAL LEASE VOLUME: \$ AVERAGE SIZE SALE:

YEARS IN BUSINESS NUMBER OF EMPLOYEES AVERAGE SIZE SALE: ANNUAL SALES: \$

TYPE(S) OF EQUIPMENT

SALES CHANNEL Direct Sales, # of reps _____ Internet Dealers Independent Distribution MARKETS SERVED Customer Mix Municipal: _____ % Customer Mix Commercial: _____ %

PERSONAL INFORMATION ON MAJORITY STOCKHOLDER/OWNER

NAME TITLE % OF OWNERSHIP SSN

HOME ADDRESS, CITY, STATE, ZIP PHONE SIGNATURE

COMPANY BANKING REFERENCES - MUST HAVE TWO YEAR HISTORY (Important to establish any loan history)

BANK NAME / BRANCH YEAR ESTABLISHED ACCOUNT # CONTACT OFFICER

ADDRESS, CITY, STATE, ZIP PHONE FAX

PREVIOUS BANK (IF ACCOUNT IS LESS THAN 2 YRS. OLD) YEAR ESTABLISHED ACCOUNT # CONTACT OFFICER

ADDRESS, CITY, STATE, ZIP PHONE FAX

AUTHORIZATION

I hereby authorize and consent to Med One Group and its assignees investigating and/or obtaining credit reports, employment history, trade-references and information regarding this application and any resulting accounts. If personal information has been provided, Med One Group and its assignees has the right to obtain personal credit reports in connection with my request for credit for this new account, or when Med One Group and its assignees reviews my account.

I hereby warrant and represent that: (a) I have received a signed credit application from the perspective lessee, authorizing Med One Group and its assignees to perform a credit check; and (b) to the best of my knowledge, the information provided in the credit application is not false, inaccurate or misleading.

Under penalties of perjury, I certify that: The Taxpayer Identification Number (TIN) on this form is correct; I am not subject to backup withholding due to failure to report interest and dividend income; I am at least 18 years of age and a U.S. Citizen or permanent resident alien..

APPLICANT SIGNATURE PRINT NAME TITLE DATE