



Preferred Vendor Program Application

T: 949.429.6847 F: 949.366.1791 1001 Avenida Pico #C240 San Clemente, CA 92673

Vendor Information

Legal Company Name _____ Fed ID _____ Years in Business _____
 dba _____ (under current ownership)
 Street Address _____ Years _____
 City, State, Zip _____ Months _____
 Contact Name _____ Phone _____
 Email _____ Fax _____ Title _____

Company Structure

Sole Proprietor _____ C-Corporation _____ Non-Profit _____ Municipal _____
 Partnership _____ S-Corporation _____ LLC _____ Other _____

Transaction Details

Average Transaction Size _____ Minimum Size _____ Maximum Size _____

Sales & Lease Information

Annual Sales Volume _____ Sales Transactions per month _____
 Annual Lease Volume _____ Lease Transactions per month _____

Typical Customer Profile

Type of Business _____ Years in Business _____

End of Lease Options (Percentage of)

\$1.00 BO's _____ PUT's _____ Options _____ FMV's _____

Additional Notes or Special Requirements

Detailed Vendor Information (if different from above)

Headquarters _____
 Branches _____
 D&B Rating _____ D&B Paydex Score _____
 Annual Revenue _____ Total Assets _____
 Net Income _____ Net Worth _____
 Sales Reps _____ Number of E employees _____
 Methods of Advertising _____

Declaration

Signature X _____ Date _____
 Print Name _____ Title _____