

2122 S. Fulton Circle, Unit 201 Denver, CO 80247 Phone (720) 432-9118 Fax (815) 301-9655

VENDOR ENROLLMENT FORM

COMPANY INFORMATION

Company Phone Company Type (circle) Corporation Partnership Proprietorship Business Market (circle) Private Party Local Regional National Internet Only Industry # Employees Retail Certificate # Federal Tax ID # Vendor Type (circle) Manufacturer Distributor Retail Private Party Physical Address City State Zip Mailing Address (if different) CONTACT/SHAREHOLDER INFORMATION First M. Initial Last Title % Ownership Address City State Zip Main Contact Title % Ownership Bank Information Bank Name Phone # Email											
Company Type (circle) Business Market (circle) Private Party Industry Industry Industry Vendor Type (circle) Manufacturer Distributor Retail Private Party State State City Contract/SHAREHOLDER INFORMATION First M. Initial Email Email Fax # Main Contact Main Contact Main Contact Main Contact Private Party Private Party National Internet Only Retail Private Party Website Federal Tax ID # Federal Tax ID # Federal Tax ID # Federal Tax ID # Private Party Private Party State Zip City City City State Zip State Zip Main Contact First M. Initial Email Fax # Main Contact Phone # Fax # Main Contact	Company Name/DBA										
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Business Market (circle) Industry	Company Type (circle)	Corpc	oration Partr	nershi	n	Proprietorsh	in				
Retail Certificate # Federal Tax ID #	Business Market (circle)	Business Market (circle)					Date Busir			ed (MM/YY)	
Manufacturer Distributor Retail Private Party Physical Address City State Zip Mailing Address (if different) City State Zip CONTACT/SHAREHOLDER INFORMATION First M. Initial Last Title % Ownership Address City State Zip Main Contact Title % Ownership BANK INFORMATION Bank Name Fax # Main Contact Phone # Fax # Main Contact	Industry								ederal Tax ID #		
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BANK INFORMATION Bank Name Date Account Opened Phone # Main Contact	Main Contact						Title				
Bank Name Phone # Fax # Main Contact	Phone #		Email								
Phone # Fax # Main Contact	BANK INFORMATION										
Main Contact	Bank Name								Date Ac	Date Account Opened	
·	Phone #					Fax #					
Account #1 Account #2	Main Contact										
Account #1	Account #1					Account #2					

Company Name SURVEY 1. Please describe the products and services you provide. 2. Do your transactions include a warranty? 3. Who services and supports the equipment after the sale? If so, how long? 4. Do you actively remarket your own product? ** If you are completing this form as part of a specific transaction, please complete the information below. ** What is the estimated value of the equipment in 12 months? Estimated Delivery Date (MM/DD/YYYY)

If we purchase tangible product(s) from you, you affirm clear title and authority to convey.

Signature: _____ Title: _____ Date: ____/__/