



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

## VENDOR ENROLLMENT FORM

### COMPANY INFORMATION

Company Name/DBA			
Company Phone		Company Fax	
Company Type (circle) Corporation      Partnership      Proprietorship			
Business Market (circle) Private Party    Local      Regional      National      Internet Only			Date Business Started (MM/YY)
Industry	# Employees	Retail Certificate #	Federal Tax ID #
Vendor Type (circle) Manufacturer      Distributor      Retail      Private Party			Website
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	
Phone #	Email			

### BANK INFORMATION

Bank Name		Date Account Opened
Phone #	Fax #	
Main Contact		
Account #1	Account #2	

**TRADE REFERENCES**

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

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_