



GSG Leasing

VENDOR APPLICATION

VENDOR INFORMATION

Full Business Name:		Contact:
Address:		
City/State/Zip:		
Phone:	Fax:	E-mail:
CEO/OWNER:		SS#:
Home/Address:		
City/State/Zip:		

CORPORATE STRUCTURE

Date of Inc.:	Annual Sales Volume:
Type of Business:	# of Employees:
Authorized Manufacturers:	
Transaction Range:	

REFERENCES

Bank:	Contact:
Bank Acct#:	Phone:
Funding Source:	Contact:
Acct #:	Phone:
Funding Source:	Contact:
Acct #:	Phone:

FINANCIAL QUESTIONS

How any business organization you managed or controlled been involved in bankruptcy proceedings?

Have you personally ever been involved in bankruptcy proceedings? _____

Has any organization you managed or controlled been refused funding services? _____

AUTHORIZATION

The officers/owners understand that individual credit histories could play a factor in application approval, and therefore; authorize Graphic Savings Group LLC or its designee to investigate their personal credit status during the evaluation process. The investigation includes, but is not limited to, consumer credit reports, business relationships, and bank relationships.

Signature: _____ Title: _____ Date: _____