

# MADISON CAPITAL

EQUIPMENT & VEHICLE LEASING

APPROVED  
 DECLINED

Date: \_\_\_\_\_

## VENDOR INFORMATION

Business Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Corporation       Partnership       LLC       Proprietary

### Officers or Principals:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Years There: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouses Name: \_\_\_\_\_

### If less than 2 years in business:

Previous Business Name & Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Or Previous Occupation or Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Business Checking Account:

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Account# \_\_\_\_\_ Contact Person: \_\_\_\_\_

### Trade References:

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_

Do you currently own the office space the business occupies?     Yes     No

If no, Landlord's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I (we) hereby consent to the necessary credit investigation in connection with this Vendor Research File and authorize credit reporting agencies of the United States Government to provide information necessary to process said Vendor Research File.

I (we) warrant that all the information contained in this Vendor Research File is true and complete and grant permission for its retention.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date