

# Vendor Application

**BAYCAP, INC.**

<b>Vendor Information</b>					
Business Name/Legal Name		Phone Number		Fax Number	
Address		City		State	Zip Code
Contact Name/ Mr. Ms. Mrs. (circle one)		Title		Email Address	
Web Site Address		Equipment <input type="checkbox"/> New <input type="checkbox"/> Used – Please state max age: Please state average age:			
Type of Equipment					
Authorized Distributor For:				Hardware Manufacturer:	
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Other (list type) <input type="checkbox"/>	Tax ID Number	
Yrs in Business	Number of Employees	Average Size Sale		Annual Sales (\$)	
Annual Lease Volume (\$)		Current Leasing Company			
Means of Distribution: (check all that apply) <input type="checkbox"/> Direct Sales, how many reps? _____ <input type="checkbox"/> Internet <input type="checkbox"/> Dealers <input type="checkbox"/> Independent Distributors					
Markets served:		Customer Mix Consumer		%	Customer Mix Commercial
				%	
<b>Bank Reference</b>					
Bank Name (two year history)		Account Number(s)		Officer Name	
Address	City	State	Zip Code	Phone/Fax Numbers	
<b>Principal / Owner Information</b>					
Name / Mr. Ms. Mrs. (circle one)		Title		SSN	
Address		City		State	Zip Code
Phone Number		Email Address		Mobile Phone	
Would you like to receive Emails from Baycap? YES <input type="checkbox"/> NO <input type="checkbox"/>					

### AUTHORIZATION, REPRESENTATIONS AND WARRANTIES

I hereby authorize and consent to Baycap and its assignees investigating and/or obtaining credit reports, employment history, trade-references and information regarding this application and any resulting accounts. If personal information has been provided, Baycap and its assignees has the right to obtain personal credit reports in connection with my request for credit for this new account, or when Baycap and its assignees reviews my account.

Facsimile signatures shall be deemed as fully enforceable valid signatures as if such signature were an original signature as of the date executed.

Signature	Print Name/Title	Date

**A signature is required for Baycap and its assignees to process your application.**

For questions or assistance with this form, please call Baycap at 310-944-9900

Please send completed form via fax: 310-944-9947