



ProfitTM

Compound Profit Corp

Vendor Information GA

Vendor Information					
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 (min. 2 yrs.)	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 %	
Bank Reference					
Bank Name (two year history)		Account Number(s)		Officer Name	
Address	City	State	Zip Code	Phone/Fax Numbers	
Principal / Owner Information					
Name / Mr. Ms. Mrs. (circle one)		Title		SSN	
Address		City		State	Zip Code
Phone Number		Email Address		Mobile Phone	

ACH Information: By completing the ACH section, we will be able to pay your invoice through an automated deposit into your account.

ACH Information		
Name on Account	Account Type	Account Number
Bank Name	ABA Routing Number	Bank Address
Bank Phone No.	*Copy of Voided Check Required*	

If printed, fax to 404-252-4991.