



ProfitTM

Compound Profit Corp

Vendor Application

Franchisee #105

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"/>	Federal 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)				Officer Name
Address	City	State	Zip Code	Phone/Fax Numbers
Principal / Owner Information				
Name / Mr. Ms. Mrs. (circle one)		Title	SSN (If in business less than two years)	
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*	

Please fax vendor application back to 888-418-8999