

# Vendor Application

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Please take a moment to complete the following form on behalf of **Cardiff Financial Group** so we might better understand your business and leasing needs.

| <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<br><input type="checkbox"/> New <input type="checkbox"/> Used – Please state max age:<br>Please state average age: |   |                         |          |
| Type of Equipment   |   |  |   |                         |          |
| Authorized Distributor For:   |   |  |   | Hardware Manufacturer:  |          |
| Corporation<br><input type="checkbox"/>   | Partnership<br><input type="checkbox"/> | Sole Proprietorship<br><input type="checkbox"/>  | Other (list type)<br><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)<br><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 TPC? YES <input type="checkbox"/> NO <input type="checkbox"/>   |   |  |   |                         |          |

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

| <b>ACH Information</b> |   |                |
|------------------------|---|----------------|
| Name on Account        | Account Type                                  | Account Number |
| Bank Name              | ABA Routing Number                            | Bank Address   |
| Bank Phone No.         | <b><i>*Copy of Voided Check Required*</i></b> |                |

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## AUTHORIZATION, REPRESENTATIONS AND WARRANTIES

I hereby authorize and consent to Cardiff Financial Group 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, Cardiff Financial Group and its assignees has the right to obtain personal credit reports in connection with my request for credit for this new account, or when Cardiff Financial Group and its assignees reviews my account.

I authorize Cardiff Financial Group and its assignees and the above-mentioned financial institution to deposit all funds payable to me automatically to my checking account(s). I also authorize adjusting entries, as they may be required. I understand that Direct Deposit may be altered by providing three weeks written notice to Cardiff Financial Group and its assignees. I further certify that the information provided above is true.

I hereby warrant and represent that: (a) I have received a signed credit application from the perspective lessee, authorizing Cardiff Financial Group and its assignees to perform a credit check; and (b) to the best of my knowledge, the information provided in the credit application is not false, inaccurate or misleading.

Under penalties of perjury, I certify that: The Taxpayer Identification Number (TIN) on this form is correct; I am not subject to backup withholding due to failure to report interest and dividend income; and I at least 18 years of age, and a U.S. Citizen or permanent resident alien.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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 Cardiff Financial Group and its assignees to process your application.**

For questions or assistance with this form, please call Cardiff Financial Group at (714) 754-4546 x109.

Please send completed form via fax: (714) 754-4596

### Internal Use:

|  |
|--|
| Vendor Code(s):  |
| Products: Progress Payment <input type="checkbox"/>  |
| Markets: Commercial <input type="checkbox"/> Consumer <input type="checkbox"/>   |
| Equipment: ATM <input type="checkbox"/> Bankcard <input type="checkbox"/> Computer <input type="checkbox"/> General Equipment <input type="checkbox"/> Sign <input type="checkbox"/> |