



www.westportleasing.com

**DEALER PROFILE**

Phone: (604) 681-1260

Fax: (604) 681-1680

email: credit@westportleasing.com

**VENDOR COMPANY DETAILS**

Company Legal Name		Operating or Other Name	
Address	City	State/Province	Postal Code
Contact Name	Title	Phone	Fax
E-Mail Address	Website Address		HST / GST / Federal Tax ID Number
<input type="checkbox"/> Owner-Operated <input type="checkbox"/> Partnership	<input type="checkbox"/> Incorporation <input type="checkbox"/> Public Company	Number of Locations	Business Start Date
		Years Under Current Ownership	

**VENDOR EQUIPMENT DETAILS**

Equipment Types Sold		
Brands Represented		
Price Range	Average Sale	Percentage Sold On Lease
\$ _____ to \$ _____	\$ _____	_____ %
Estimated Useful Life of Equipment? Years	Estimated Resale Value After 3 Years? %	After 5 Years? %
Do you provide repair services?	Please provide warranty details	Do you sell used equipment?
Is the equipment stationary or mobile?	Customer Types (who purchases your equipment?)	

**MANUFACTURER / SUPPLIER REFERENCES**

Manufacturer / Supplier Reference 1	Contact Name	Phone
Manufacturer / Supplier Reference 2	Contact Name	Phone
Manufacturer / Supplier Reference 3	Contact Name	Phone

**INVOICE PAYMENT / BANK DETAILS**

Accounts Receivable Contact Name	Phone <input type="checkbox"/> Same As Above or	Fax <input type="checkbox"/> Same As Above or
Bank Name	Branch Name and Address	
Account Number	Transit / ABA Routing Number	Phone Number
		Fax

THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND CORRECT. I/WE HEREBY AUTHORIZE WESTPORT TO INVESTIGATE AND VERIFY THE INFORMATION AS NEEDED, IN ORDER TO ESTABLISH A BUSINESS RELATIONSHIP WHERE WESTPORT WILL PROVIDE FINANCIAL SERVICES TO MY/OUR CUSTOMERS.

<b>X</b>	Signature	Print Name	Title	Date
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