



DEALER PROFILE
PHONE : (604) 681-1260
FAX : (604) 681-1680
E-MAIL: 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		G.S.T./Federal Tax I.D. #
Number of Locations	<input type="checkbox"/> Owner-Operated <input type="checkbox"/> Partnership	<input type="checkbox"/> Incorporation <input type="checkbox"/> Public Company	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?	Estimated Resale Value After 3 Years?	After 5 Years?	
_____ 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		Name	Phone
Manufacturer / Supplier Reference 2		Name	Phone
Manufacturer / Supplier Reference 3		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 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.

X:			
Signature	Name	Title	Date