

# Vendor Application



Please take a moment to complete the following form so we may better understand your business and leasing needs.

**\*required information**

<b>Vendor Information</b>			
*Business Name/Legal Name		*Phone Number	Fax Number
*Address	*City	*State	*Zip Code
*Contact Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. (select one)		Title	
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Other (list type) <input type="checkbox"/>
*Type of Equipment			Years in business
		Equipment <input type="checkbox"/> New <input type="checkbox"/> Used – Please state maximum age: Please state average age:	
Authorized Distributor For:		Hardware Manufacturer:	
If less than two years in business, please indicate past experience/employment in your current industry:			

<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"/>			

<b>ACH Information</b>		
<i>By completing this section, we will be able to pay your invoice through an automated deposit into your account.</i>		
<b>- Copy of Voided Check Required -</b>		
Name on Account	Account Type	Account Number
Bank Name	ABA Routing Number	Bank Address
Bank Phone No.		

<b>TimePayment Direct Enrollment Information</b>	
<i>Enrolling in TimePayment Direct allows you to process lease applications online, providing a decision in minutes.</i>	
User's Name	Title
Email Address	Create Password (6-15 characters in length)

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## AUTHORIZATION, REPRESENTATIONS AND WARRANTIES

I hereby authorize and consent to TimePayment Corp. (hereinafter, "TPC") and its affiliates 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, TPC has the right to obtain personal credit reports in connection with my request for credit for this new account, or when TPC reviews my account.

I authorize TPC 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 TPC. I further certify that the information provided above is true and I agree to safeguard my TimePayment Direct password and access to my account and to indemnify and hold TPC harmless from any and all damages, losses and liabilities incurred or suffered as a result of, or incident to, any action by persons other than TPC's employees. I also agree to use the system only for its stated purpose and that failure to do so may result in the immediate termination of my company's access to TimePayment Direct.

I hereby warrant and represent that: (a) I have received a signed credit application from the perspective lessee, authorizing TPC 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.

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 TimePayment Corp. to process your application.*

For questions or assistance with this form, please contact your Business Development Manager,  
Lisa Gunville at (866) 994-7196

**Please send both sides of completed form, via fax: 781-994-4775**

### Internal Use Only:

Vendor Code(s):	AUTH:
Products: Progress Payment <input type="checkbox"/> IC-5 <input type="checkbox"/> IC-7 <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"/>	
Payments: Monthly & Quarterly <input type="checkbox"/>	
Documents: CoB <input type="checkbox"/> PLTPC <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> PLNN <input type="checkbox"/> Other <input type="checkbox"/>	