

Univest Capital, Inc. Vendor Application



Vendor Information			
Business Name/Legal Name:			
Address:		City:	State: Zip:
Phone Number:		Fax Number:	Web Address:
Contact Person: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		Title:	Email:
Type(s) of Equipment:		Equipment: <input type="checkbox"/> New <input type="checkbox"/> Used - Maximum age: _____ Average age: _____	
Authorized Distributor For:		Hardware Manufacturer:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (list type)		Tax I.D. Number:	
Years in Business: (minimum 2 years)	Number of Employees:	Average Size Sale:	Annual Sales: \$
Annual Lease Volume: \$		Current Leasing Company:	
Sales Channel: (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 Municipal: _____ % Customer Mix Commercial: _____ %			

Bank Reference			
Bank Name: (two year history)			
Address:		City:	State: Zip:
Phone Number:		Fax Number:	Account Number(s):
Officer Name:			

Principal/Owner Information			
Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		Title:	Social Security Number:
Address:		City:	State: Zip:
Phone Number:		Email:	Percent of Ownership:

ACH Information		
By completing the ACH information, we will be able to pay your invoice through an automated deposit into your account.		
Name on Account:	Account Type:	Account Number:
Bank Name:		
Address:		City: State: Zip:
Phone Number:		ABA Routing Number:

Copy of Voided Check Required

Univest Capital, Inc.
3331 Street Road, Suite 325
Bensalem, PA 19020
P: 866.604.8160
F: 866.604.8161



AUTHORIZATION, REPRESENTATIONS AND WARRANTIES

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

I authorize Univest Capital, Inc. 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 Univest Capital, Inc. 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 Univest Capital, Inc. 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; I am 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.

A signature is required for Univest Capital, Inc. and its assignees to process your application.

Signature:
Print Name:
Title:
Date:

For questions or assistance with this form, please call Univest Capital, Inc. at 866.604.8160.

Please fax the completed form to 866.604.8161.

Internal Use Only:

Vendor Code(s):
Pre-Funding: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____% upon _____ and _____% upon _____
Markets: <input type="checkbox"/> Commercial <input type="checkbox"/> Municipal
Equipment: <input type="checkbox"/> Medical <input type="checkbox"/> HME/DME <input type="checkbox"/> Computer <input type="checkbox"/> Telecom <input type="checkbox"/> Retrofit Lighting <input type="checkbox"/> Office Equipment <input type="checkbox"/> Other: _____

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