

MBS Financial, LLC

Commercial Finance Group

P.O. Box 1755
1 N. Jefferson Ave.
West Jefferson, NC 28694
Office: 336-219-0105
Fax: 336-217-8155

Vendor Profile Application

Business Name:	Phone: ()	Fax: ()	
Street Address:	City	State	Zip Code
Email:	Type Of Business:		
DBA:	Website:	Type Of Business:	
Annual Sales Volume:	Years In Business:		
Owner/Principal's Name:		SSN#:	
Street Address:	City	State	Zip Code
Phone: ()	Fax: ()		
Phone: ()	Fax: ()		

Equipment Information

Type Of Equipment Sold:	Avg. Equipment Cost:	Target Market:
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References

Equipment Supplier:		Contact Person:	
Phone: ()	Fax: ()	Email:	Account Number:
Equipment Supplier #2:		Contact Person:	
Phone: ()	Fax: ()	Email:	Account Number:
Phone: ()	Fax: ()	Email:	Account Number:

ACH Quick Fund/ Banking Information

We give you fast access to your cash through our ACH Quick Fund Program. Your funds will be sent to you through your bank's participating Automated Clearing House System.

Please attach a voided check!

Authorization

I certify that all the information I have Given with this application is true and complete. I hereby give you the authorization to obtain information concerning my personal and/or company credit information.

Name of Corporate Officer:	Date:
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