

# 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

### VENDOR INFORMATION

Full Business Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web site: \_\_\_\_\_  
Type of Business:      Proprietorship      Partnership      Corporation  
Annual Sales Volume: \_\_\_\_\_ Time in Business: \_\_\_\_\_  
Owner/Principal: \_\_\_\_\_ SS#: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### EQUIPMENT INFORMATION

Types of Equipment Sold: \_\_\_\_\_  
Avg. Equipment Cost: \_\_\_\_\_ Target Market: \_\_\_\_\_

### REFERENCES

Equipment Supplier: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Account: \_\_\_\_\_  
Equipment Supplier: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Account: \_\_\_\_\_

### ACH QUICK FUND/BANKING INFORMATION

Bank Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Name of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Bank ABA Number: \_\_\_\_\_ Phone: \_\_\_\_\_

### AUTHORIZATION

Print Name of Corporate Officer

Signature of Corporate Officer

Date