



3050 Citrus Circle, Suite 222  
Walnut Creek, CA 94598  
P: (800) 604-4817  
F: (925) 262-8244  
www.firststarcapital.com

### Vendor Profile

Vendor Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Tax ID #: \_\_\_\_\_ Resale #: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Years in Business Under Present Ownership: \_\_\_\_\_  
Dunn & Bradstreet Rating: \_\_\_\_\_ Leasing Coordinator: \_\_\_\_\_  
Principle Owner's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Primary Bank Reference (Two Year History)

Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

### Product Line (equipment to be leased: please include product literature if available)

Primary Vendor/Supplier Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct. No.: \_\_\_\_\_  
Secondary Vendor/Supplier Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

I hereby authorize First Star Capital to contact the above named reference and to obtain information necessary to verify the financial and service background of the Dealer. I hereby authorize any photocopies of this release to be provided to references above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_