



Vendor Profile

TIGER LEASING, LLC
33 West 19th Street, 4th Floor
New York, NY 10011
Tel: (212) 791-2250
Fax: (509) 277-7468
info@tigerleasing.com

Sales Rep: _____

Vendor Information

Full Business Name: _____ DBA: _____

Email Address: _____ Website: _____

Address: _____

City/State/Zip: _____

Contact: _____ Phone: () _____ Fax: () _____

Type of Business: Proprietorship Partnership Corporation Year Business Began: _____

Annual Sales Volume: _____ Monthly Lease Volume: \$ _____

CEO/Owner: _____ SS#: _____

Home Address: _____

City/State/Zip: _____

Equipment Information

Type of Equipment Sold: _____

Average Equipment Cost: \$ _____ Target Markets: _____

References

Equipment Supplier: _____ Contact: _____

Phone: () _____ Acct #: _____

Equipment Supplier: _____ Contact: _____

Phone: () _____ Acct #: _____

Bank Name: _____ Contact Person _____ Phone #: _____

Name of Account: _____ Account #: _____

Authorization

Print Name of Corporate Officer

Signature of Corporate Officer

Date