

Vendor Application



VENDOR INFORMATION

Full Business Name: _____ DBA Name: _____

Address: _____ City : _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Years in Business: _____

Contact Name: _____ Email: _____

Nature of Business: _____

Proprietorship Corporation Partnership Limited Liability Corp

State of Registration: _____ Federal Tax ID#: _____

BUSINESS OFFICERS

President/Owner Name: _____ Title: _____ % Ownership: _____

Home Address: _____ SS#: _____
Street City State Zip

VP/Partner Name: _____ Title: _____ % Ownership: _____

Home Address: _____ SS#: _____
Street City State Zip

BUSINESS BANKING INFORMATION

Bank Name: _____ Bank Contact Name: _____

Phone: _____ Checking/Savings Acct. #: _____

Bank Name: _____ Bank Contact Name: _____

Phone: _____ Checking/Savings Acct. #: _____

SERVICES/EQUIPMENT INFORMATION

Types of Equipment Sold: _____

Types of Services Sold: _____

Average Equipment Cost: _____ Target Market: _____

CREDIT RELEASE AUTHORIZATION

By signing below, the undersigned, being either a principal of the applicant or a personal guarantor of its obligations, provides written instruction to Metropark Communications, Inc. or its assignee authorizing review of his/her personal credit bureau and authorizing applicant's bank and credit information on applicant.

Signature: _____ Title: _____

Print Name: _____ Date: _____

www.metropark.com

4050 Wedgeway Ct. * St. Louis * Missouri * 63045 * main (314) 439-1900 * fax (314) 439-1313 * legal@metropark.com