

# Pinnacle Leasing

7585 West 66th Avenue  
Arvada, CO 80003  
(866) 612-9293  
Fax (303) 731-4009



# PINNACLE LEASING

## Vendor Profile

(866) 612-9293  
Fax (303) 731-4009

### COMPANY INFORMATION

Full Legal Company Name

Address

|                |           |       |                |                  |  |
|----------------|-----------|-------|----------------|------------------|--|
| City           | County    | State | Zip            | Email Address    |  |
| Contact Person | Telephone | Fax   | Federal Tax ID | Year Established |  |

List Branch Locations

Corporation     Proprietorship     Non-Profit     Partnership     LLC

### OWNER / OFFICER INFORMATION

|      |       |                        |             |
|------|-------|------------------------|-------------|
| Name | Title | Social Security Number | % Ownership |
|------|-------|------------------------|-------------|

Home Address

### BANK REFERENCES

|              |                |           |         |
|--------------|----------------|-----------|---------|
| Name of Bank | Account Number | Telephone | Contact |
|--------------|----------------|-----------|---------|

### SUPPLIER

|               |                |           |         |
|---------------|----------------|-----------|---------|
| Main Supplier | Account Number | Telephone | Contact |
|---------------|----------------|-----------|---------|

### EQUIPMENT AND PRODUCTS

|                         |                    |                    |
|-------------------------|--------------------|--------------------|
| Equipment/Products Sold | Brand Names        | New or Used Equip. |
| Authorized Dealer For   | Gross Annual sales | D&B Number         |

**Credit Authorization:** I/We hereby authorize Pinnacle Leasing, its designee, assigns or potential assigns to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize our references to release all credit information and I/We represent and warrant that the information submitted herein is true, complete and accurate. A facsimile, electronic or other copy of this authorization shall be as valid as the original.

SIGNATURE OF OWNER / OFFICER

Date

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