



## **Dear Prospective Client:**

Thank you for your interest in Resource Leasing Company (RLC). By leasing or renting the equipment, you or your customer will benefit from the many advantages that leasing and renting have to offer; no capital investment, no tax compliance issues, low monthly payments, fixed end of term options, conservation of existing credit lines, and fixed rate financing to name a few.

In order to customize a lease or rental program to you or your customers, RLC must first become familiar with your company. To help do this, we ask that you please complete the appropriate documents (attached) according to the following categories:

## **Chartered Bank or Financial Institution**

#### ✓ Application Transmittal Form

#### ✓ Vendor Credit Application

#### **Vendor, Processor or ISO**

- ✓ Application Transmittal Form
- ✓ Acquirer Credit Application
- ✓ Two Years Most Recent Tax Returns
- ✓ Two Years Most Recent Financial & Interim Statements
- ✓ Personal Financial Statement (if applicable)

Please submit all of the completed documents stipulated above, along with the attached Transmittal Form to <a href="mailto:contracts@resource-leasing.com">contracts@resource-leasing.com</a> or via fax at (703) 787-8426. Upon receipt of the Vendor Application Package, RLC will contact you directly to discuss the information you have provided, review the program options and define the program to be offered to your customers.

We appreciate the opportunity to serve you and your customers. For more information about RLC please contact me at (703) 787-8420x101 or via email at chipnichols@resource-leasing.com.

Best regards,

Chip Nichols CEO



# **VENDOR CREDIT APPLICATION**

SECTION I - CREDIT APPLICATION	☐ Chartered Bank – Complete Section I Only ☐ Other – Complete All Sections		
Legal Name			
DBA			
Business Address			
	State Zip Code		
	Phone # ()Fax # ()		
Type of Business	☐ VAR ☐ Other:		
Federal ID (EIN)	FDIC certificate #, OCC Charter # or RSSD#		
Start Date of Business	Business# of Employees		
Average # of Credit Applications (monthly)	# of Credit Applications (monthly)Annual Loss Amount		
Annual Residual Amount \$ Primary Market Focus_			
Contact Name			
Email	Phone # ()Fax # ()		
Has the company ever filed for bankruptcy protection?	P No Yes Date Filed Type		
SECTION II - PRINCIPALS			
	Title Ownership %		
Home Address	City State Zip Code		
SSN Date of Birth _	Have you ever filed bankruptcy?  No Yes Date Filed		
2) Name of Principal	Title Ownership %		
Home Address	City State Zip Code		
SSN Date of Birth _	Have you ever filed bankruptcy?  No Yes Date Filed		
SECTION III - REFERENCES  1. Company Name	Contact Name		
	Account #		
	Contact Name		
	Account #		
	Contact Name		
Phone # Fax #			
4. Bank Name			
Account #			
Checking Savings Other:			
customer represents that all of the information prov complete; (B) the undersigned customer gives RLC history with the above listed references, Dun & Bra	r fax) to RLC or its designee. By signing this application: (A) the undersigned yided to Resource Leasing Company, LLC (RLC), herein is accurate and C, or any of its subsidiary or sister companies, permission to check its credit dstreet, Inc., Experian, (TRW) and others as it deems appropriate, both now gned customer agrees to pay all collection fees, attorney fees and court costs f sums due to RLC, by the undersigned customer.		
Signature of Applicant	Signature of Applicant		
Title of Applicant	Title of Applicant		
Date	Date		



# **VENDOR APPLICATION PACKAGE TRANSMITTAL FORM**

10:	Resource Leasing Company	
ATTN:	Program Operations	
FAX:	(703) 787-8426	
EMAIL:	contracts@resource-lea	
FROM:		
		Business Name
NAME:		Phone:
EMAIL:		
•	ring this form via fax or email a	please complete the following document and as shown above:
=		es Organization (ISO) please complete the following rm via fax or email as shown above:
Required Documents	<u>:</u>	**Supplemental Documents:
Acquirer Credit Application		Personal Financial Statement
2 years of most r	ecent tax returns	
2 years of most r	ecent financial statements	
Interim statemer	nts	
**If you a	re unable to provide financial (	or interim statements please complete the

Personal Financial Statement.

Questions? We are here to help.
Contact Program Operations at (703) 787-8420 x201