



#305, 889 Harbourside Drive
North Vancouver, B.C., V7P 3S1
Ph: (604) 982-3010
Fax: (888) 835-9757

VENDOR PROFILE

Legal Name: _____
Operating As: _____ Phone: _____
Address: _____ Fax: _____
City: _____ Province: _____ Postal Code: _____

COMPANY INFORMATION

Yr. in Bus. under present Ownership: _____ Duns: _____ # of employees: _____
Type of Business/Principle Product and Brands Sold (Please attach brochures): _____
Trading Area: _____ # of Sales Reps: _____
Leasing Companies Used: _____
Who Coordinates Vendor's Leasing: _____
Average Size Sale: _____ Average Monthly Sales Volume: _____
Number of Leases Per Month: _____ Average Monthly Lease Volume: _____
Anticipated Lease Volume: _____
How is service provided on products sold by your company? _____

TRADE REFERENCES

Manufacturer/Supplier Trade Information: _____ Authorized Vendor
Name: _____ Phone: _____ Contact: _____ YES NO
Name: _____ Phone: _____ Contact: _____ YES NO
Name: _____ Phone: _____ Contact: _____ YES NO

BANK INFORMATION

Bank: _____ Branch: _____
Account #: _____ Contact: _____ Phone: _____
Inventory Financing Co: YES NO Name: _____ Phone: _____

PRINCIPAL INFORMATION

Principal's Name: _____ Home Phone: _____
Home Address: _____ City: _____
Province: _____ Postal Code: _____ S.I.N. #: _____

RELEASE: The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize Varion Capital Corp. DBA Accord Financial ("Accord") and its representatives, at any time to obtain on an on-going basis, verify, use, communicate with and disclose to third parties (including credit reporting agencies, credit exchanges, leasing brokers, and credit grantors, on an on-going basis) any of my credit, financial, and personal information that Accord deems necessary to complete, service or enforce any lease, ancillary deed or transaction, including but not limited to assignments and securitizations.

You authorize us to collect, hold, exchange and disclose your personal information as requested in order to administer your contract & determine your insurance eligibility as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes.

If you would like to review your own personal information, correct or revise existing information, have any questions, concerns or comments regarding it's application please fax 604-990-9675 (Attn: Privacy Office) or mail #305-889 Harbourside Drive, North Vancouver, B.C., V7P 3S1 Attn: Privacy Office.

Authorized Vendor Signature Title Date