



River Capital Finance LLC
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 www.rivercapitalfinance.com or info@rivercapitalfinance.com

VENDOR INFORMATION

Equipment Sales Volume:	DBA:		
Name of Business:			
Start Year:	State of Legal Formation:		
Address:			
City:	State:	Zip:	Phone: ()
Email Address:		Website:	
Contact Name:		Number of Employees:	
Principal Name:		Title:	
Principal Home Address:			

PRODUCT LINE INFORMATION

(Please attach a copy of your Tax Resale Certificate)

Manufacturer lines and other products sold:			
Means of Sales (Check all that apply):	Direct Sales: <input type="checkbox"/>	Retail: <input type="checkbox"/>	Wholesale: <input type="checkbox"/>
	Internet: <input type="checkbox"/>	Resellers: <input type="checkbox"/>	
Equipment manufacturers you are "Full Line" authorized by:			
• Manufacturers you buy direct through:			
• Reference Contact:	Phone: ()		
• Distributors/Wholesalers you buy through:			
• Reference Contact:	Phone: ()		
Number of Full-Time Service Techs:	Certified by:		
• Outsource service through:			

Company Bank References:

Bank Name:	Contact:		
Address:	Checking Acct #:		
City:	State:	Savings Acct #:	
Zip:	Phone: ()	Loan Acct #:	

Trade References (minimum 2 year history):

Trade:	Contact:	Phone: ()	Account No.:
Trade:	Contact:	Phone: ()	Account No.:
Trade:	Contact:	Phone: ()	Account No.:

Authorization for Disclosure of Business Credit Information: Applicant hereby authorizes the release of credit information to River Capital, or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicants bank or trade references. A photo-stat or facsimile copy of this authorization shall be valid as the original. I hereby represent that all of the information contained in this credit application is true, correct and complete.

The preceding authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account.

THIS MUST BE SIGNED

Completed By (Signature):	Title:	Date:
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