

NEC FINANCIAL CONTACT:

Complete Legal Company Name (required):

Trade Style/DBA _____

Street Address: _____

City _____ State _____ Zip: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Contact: _____ Title: _____

E-Mail: _____ Website: _____

We are an Authorized Dealer/Supplier of new equipment for the following Manufacturers:

Manufacturer:

Contact: _____ Phone: _____

E-Mail: _____

Manufacturer:

Contact: _____ Phone: _____

E-Mail Address: _____

Distributor: _____ Contact: _____

Phone: _____ E-Mail _____

Business Start Date: _____ State of Inc./Org.: _____ Bankruptcy History: Yes No Federal Tax ID#: _____ Dun & Bradstreet #: _____

Business Structure: _____ If Yes/When: _____

Estimated Annual Revenues: _____ # of Employees: _____

Do you have your own installers?: Yes No

Do your outsource installations?: Yes No

Do you own or lease your primary location? Own Lease

Number of Years at Current Location: _____

Landlord's name: _____ Phone: _____

Bank Name: _____ Branch: _____

Checking Account #: _____

Loan Account #: _____

Contact Name: _____

Phone Number: _____ E-Mail: _____

Principal/Owner/Officer:

Name: _____ Title: _____

Home Address: _____

City _____ State _____ Zip _____

Phone Number: _____ E-Mail: _____

Social Security Number: _____

Principal/Owner/Officer:

Name: _____ Title: _____

Home Address: _____

City _____ State _____ Zip _____

Phone Number: _____ E-Mail: _____

Social Security Number: _____

By execution of this Dealer Profile Credit Application, I / We warrant that the information submitted herein is true and correct.

I / We grant NEC Financial Services, LLC or its Agents permission to investigate my/our financial responsibility and credit worthiness, and authorize release of any personal or business information accordingly. I / We agree to make available financial statements, tax returns, etc., upon request. I/We certify that this application for credit and/or a business relationship is for commercial purposes only.

Authorized Signature & Title:

X

Printed Name: _____

Date: _____

[Click here to print this form.](#)
Fax to: 800.451.5360

[Click here to submit this form via e-mail](#)