



# VENDOR PROFILE

**ADDRESS** 10712 South 1300 East, Sandy, UT 84094

**PHONE** (801) 566.6433

**FAX** (801) 566.7049

**WEB** www.medonegroup.com

## VENDOR INFORMATION PLEASE USE THE FULL LEGAL NAME

BUSINESS NAME / LEGAL NAME		ADDRESS, CITY, STATE, ZIP	
FEDERAL TAX ID#		CONTACT PERSON	TITLE
PHONE	FAX	EMAIL	WEBSITE
BUSINESS TYPE <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit			
AUTHORIZED DISTRIBUTOR FOR:		HARDWARE MANUFACTURER:	
CURRENT LEASING COMPANY:		ANNUAL LEASE VOLUME: \$	AVERAGE SIZE SALE:
YEARS IN BUSINESS	NUMBER OF EMPLOYEES	AVERAGE SIZE SALE:	ANNUAL SALES: \$
TYPE(S) OF EQUIPMENT			
SALES CHANNEL <input type="checkbox"/> Direct Sales, # of reps _____ <input type="checkbox"/> Internet <input type="checkbox"/> Dealers <input type="checkbox"/> Independent Distribution			
MARKETS SERVED Customer Mix Municipal: _____ % Customer Mix Commercial: _____ %			

## PERSONAL INFORMATION ON MAJORITY STOCKHOLDER/OWNER

NAME	TITLE	% OF OWNERSHIP	SSN
HOME ADDRESS, CITY, STATE, ZIP	PHONE	SIGNATURE	

## COMPANY BANKING REFERENCES - MUST HAVE TWO YEAR HISTORY (Important to establish any loan history)

BANK NAME / BRANCH	YEAR ESTABLISHED	ACCOUNT #	CONTACT OFFICER
ADDRESS, CITY, STATE, ZIP		PHONE	FAX
PREVIOUS BANK (IF ACCOUNT IS LESS THAN 2 YRS. OLD)	YEAR ESTABLISHED	ACCOUNT #	CONTACT OFFICER
ADDRESS, CITY, STATE, ZIP		PHONE	FAX

## AUTHORIZATION

I hereby authorize and consent to Med One Group and its assignees investigating and/or obtaining credit reports, employment history, trade-references and information regarding this application and any resulting accounts. If personal information has been provided, Med One Group and its assignees has the right to obtain personal credit reports in connection with my request for credit for this new account, or when Med One Group and its assignees reviews my account.

I hereby warrant and represent that: (a) I have received a signed credit application from the perspective lessee, authorizing Med One Group and its assignees to perform a credit check; and (b) to the best of my knowledge, the information provided in the credit application is not false, inaccurate or misleading.

Under penalties of perjury, I certify that: The Taxpayer Identification Number (TIN) on this form is correct; I am not subject to backup withholding due to failure to report interest and dividend income; I am at least 18 years of age and a U.S. Citizen or permanent resident alien..

APPLICANT SIGNATURE	PRINT NAME	TITLE	DATE
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### ABOUT MED ONE

Founded over 30 years ago, Med One is one of the largest privately held medical equipment finance and rental companies in the United States. Med One has served the nation's acute care hospitals and healthcare facilities with leasing, rental, sales and service solutions. The three pillars of Med One are Creativity, Simplicity, and Responsiveness.

### ACH INFORMATION

FINANCE CONTACT NAME

PHONE

EMAIL

BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

### INVOICE REQUIREMENTS

**Bill To:** Med One Capital Funding, LLC

10712 South 1300 East

Sandy, UT 84094

- Reference Med One purchase order number
- Taxes excluded – Med One is a tax exempt re-seller
- List items being financed
- Invoice date must be current

### Upon request Med One will provide

- Tax-exemption certificate (re-seller certificate)
- W-9