



**Mid Continent Capital, Inc.**  
 6045 Mart way, Suite 100 · Mission, KS 66202 · (913) 789-9977

**VENDOR PROFILE**

**ATTN:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ **DATE ESTABLISHED:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_  
Street City State Zip

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **FEDERAL ID #:** \_\_\_\_\_

**GEOGRAPHIC AREA(S) MARKETED:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

**EQUIPMENT BEING MARKETED:** \_\_\_\_\_

TERMS EXTENDING TO MID CONTINENT CAPITAL, INC. (Net, Prefund, Discounting, etc.)

**TRADE REFERENCES (SUPPLIERS):**

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**TRADE REFERENCES (OTHER):**

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**BANK REFERENCE:**

BANK: \_\_\_\_\_ ACCT # \_\_\_\_\_ PHONE: \_\_\_\_\_

BANK: \_\_\_\_\_ ACCT # \_\_\_\_\_ PHONE: \_\_\_\_\_

**PRINCIPAL (owner) INFORMATION:**

NAME: \_\_\_\_\_ \*SSN: \_\_\_\_\_ % OF OWNERSHIP: \_\_\_\_\_  
(\*THIS IS REQUIRED FOR PREFUNDING)

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Street City State Zip

NAME: \_\_\_\_\_ \*SSN: \_\_\_\_\_ % OF OWNERSHIP: \_\_\_\_\_  
(\*THIS IS REQUIRED FOR PREFUNDING)

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Street City State Zip

By signing below, each undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Mid Continent Capital, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photo stat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Furthermore, I authorize all deposit, borrowing, leasing and trade information to be released to Mid Continent Capital, Inc. or its designee (and any assignee or potential assignee thereof). I represent all information is true, correct and complete. A photocopy of this authorization shall be valid as the original.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_