

Vehicle Wraps



Commercial Signage

Equipment Leasing – Customer Profile

Legibility Counts-Print All Information

Completed form should be returned by email to Forms@cprofit.com or faxed to 888-419-3222 for processing. Regional Director: Akiva Shapiro
Account Executive: Robert Jacobs - 1017

Business Information

Complete All Areas-No Blanks

Legal Business Name: _____

DBA Name: _____

Type of Business: Corporation/LLC Proprietorship Partnership
(Sole Proprietors-Attach Copy of DBA & Business License)

Years in Business: _____ Federal Tax ID #: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

Guarantor Information

Complete All Areas-No Blanks

Guarantor Name: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email: _____

Signage/Wrap Details

Complete All Areas-No Blanks

Purchase Amount: \$ _____ Desired Lease Term: _____ (Months)

Vendor: _____

Salesperson: _____

Contact Number for Salesperson: _____

Brief Wrap/Signage Description: _____

(Attach Vendor's Written Quote or Pro-Forma Invoice)

I hereby authorize and consent to C-Profit Corp 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, C-Profit Corp and its assignees have the right to obtain personal credit reports in connection with my request for credit for this new account, or when C-Profit Corp and its assignees review my account.

Signature _____ Date _____