



Vendor Information Form

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949.727.3711 Telephone
800.800.8081 Toll free
949.727.3722 Facsimile

Company Information

Legal Business Name: _____
Trade Name (s): _____
Website: _____ E-mail: _____
Primary Business Address: _____
City, State & Zip Code: _____
Business Telephone: _____ Business Fax: _____
Federal Tax I.D. Number: _____ Resale Number: _____
Type of Business: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Other _____
Time in Business Under Current Ownership: _____
D&B Rated? Y / N Number: _____ (If not D&B rated, please supply the following information):
Principal Owners Name: 1) _____ 2) _____
Home Address: _____
City, State & Zip Code: _____
Social Security Number: _____

Bank Reference

Name Of Bank: _____
Telephone Number: _____ Contact: _____
Account Number: _____

Term Debt/Trade References

1. Company Name: _____
Telephone Number: _____ Contact: _____
Account #: _____
2. Company Name: _____
Telephone Number: _____ Contact: _____
Account #: _____

Landlord Information

Company Name: _____
Telephone Number: _____ Contact: _____

Product Line (equipment to be financed, please include product literature)

Primary Equipment Manufacturer: _____
Address: _____
City, State & Zip Code: _____
Authorized Dealer For: _____
Service on the equipment to be provided by: _____
Warranty on the equipment to be provided by: _____

I hereby authorize PACIFICA CAPITAL, and/or its' assigns or underwriters, to contact the above named references and to obtain information necessary to verify the financial and service background of the Vendor and the principal's personal credit profile from a national credit bureau(s).

Signed: _____ By: _____
Title: _____ Date: _____

Please provide a copy of your Business License.