

**BROKER PROFILE**

FIRM NAME: \_\_\_\_\_

CORPORATION     PARTNERSHIP     SOLE PROP     LLC

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

KEY CONTACT: \_\_\_\_\_ YEAR STARTED: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ FEDERAL ID # \_\_\_\_\_

PRINCIPAL'S NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY BUSINESS BANK: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ CONTACT: \_\_\_\_\_

LEAD FUNDING SOURCE: \_\_\_\_\_

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

SECONDARY FUNDING SOURCE: \_\_\_\_\_

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

GEOGRAPHIC MARKET: \_\_\_\_\_

AVERAGE TRANSACTION SIZE: \$ \_\_\_\_\_ FUNDING VOL./YR: \$ \_\_\_\_\_

EQUIPMENT SPECIALTIES: \_\_\_\_\_

I hereby represent and warrant that all information submitted herein is true and accurate. I authorize ABCO Leasing, Inc. to obtain any information deemed necessary by ABCO with regards to this application, from the above references and from credit reporting agencies.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

Please fax or e-mail the completed form to Brad Christensen

[bradc@abcoleasing.net](mailto:bradc@abcoleasing.net)

877.634.4045 Phone

866.568.0102 e-fax