



**No Cost  
and  
No Obligation**

THE *ENTIRE* QUESTIONNAIRE MUST  
BE COMPLETED *LEGIBALY* TO BE  
PROCESSED! ONCE COMPLETED **FAX**  
BACK TO US AT: **314-729-7858**

## **RICH UNCLE VENDOR INFORMATION FORM**

### **A1. PRIMARY VENDOR INFORMATION**

BUSINESS NAME \_\_\_\_\_  
MAIN BUSINESS ADDRESS \_\_\_\_\_  
CITY, STATE ZIP \_\_\_\_\_  
PRINCIPAL(S) NAME(S) \_\_\_\_\_  
OTHER LOCATIONS \_\_\_\_\_  
PHONE \_\_\_\_\_ HOW LONG IN BUSINESS? \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
PRINCIPAL PRODUCTS SOLD (INCLUDE BRAND NAMES) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED DEALER FOR WHICH MANUFACTURERS? (INCLUDE PHONE AND CONTACT NAMES)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESALE NO. \_\_\_\_\_ FED TAX ID NO. \_\_\_\_\_

### **OPTIONAL INFORMATION THAT MAY BE NEEDED FOR VENDOR APPROVAL**

#### **B1. PRINCIPALS**

NAME \_\_\_\_\_ SSN \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
NAME \_\_\_\_\_ SSN \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
NAME \_\_\_\_\_ SSN \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

#### **B2. BANKS**

PRIMARY BANK \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_ CONTACT \_\_\_\_\_ FAX \_\_\_\_\_

#### **B3. SUPPLIER AND LANDLORD REFERENCES**

COMPANY \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
COMPANY \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
COMPANY \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

The above represents and warrants that all credit and financial information submitted to Rich Uncle is true and correct and Rich Uncle or it assignees may obtain any information necessary pertaining to this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_