



## Graphic Wrap Financing - Customer Profile

Complete form should be returned to Holly by email at [holly@cprofit.com](mailto:holly@cprofit.com) or faxed to 888-419-3222 for processing.

### Business Information

Legal Business Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Type of Business:                      Corporation                      Proprietorship                      Partnership

Years in Business: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### Guarantor Information

Guarantor Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Lease Details

Purchase Amount: \_\_\_\_\_ Desired Lease Term: \_\_\_\_\_

Vendor: CSO SYSTEMS, INC., dba SIGNZOO

Salesperson: \_\_\_\_\_

Contact Number for Salesperson: 941-355-5653

Brief Graphic Wrap Description: \_\_\_\_\_

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 has 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 reviews my account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SignZoo Wrap Financing  
by C-Profit Corp

