

CUSTOMER INFORMATION

Legal Business Name:			
Operating Name:			
What does the Business do?			
Yrs in Business:			
Street Address			
City:		Province:	
Postal Code:		Phone :	
Contact:		Email:	
Website:		Bus. Type	<input type="checkbox"/> Incorporated <input type="checkbox"/> Proprietorship

SHAREHOLDER INFORMATION (if Business is a Proprietorship or less than 3 years in business)

Full Name (First Middle Last)			
Previous Bankruptcy? (Y/N)			
Address		Social Insurance #	/ /
Home Phone		Date of Birth	/ /
Full Name (First Middle Last)			
Previous Bankruptcy? (Y/N)			
Address		Social Insurance #	/ /
Home Phone		Date of Birth	/ /

ASSET INFORMATION

Equipment Cost		Equipment Age:	<input type="checkbox"/> NEW <input type="checkbox"/> USED
Soft Costs		Term Requested	
Total Cost (Before Tax)		Equipment Affixed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Equipment Description:			
Supplier Name		Supplier Contact	

I/We, the applicant, principal and/or guarantor, consent to:

the collection, use and disclosure of personal information for the purpose of credit adjudication by the lessor and its funders to enable the lessor and its assignees to provide leasing services as well as consenting to the lessor and its funders to obtain information from credit reporting agencies in connection with this application.

Verbal Consent.

Signature of Applicant