

COMMERCIAL CREDIT APPLICATION

LEASING CONSULTANT: _____

DATE: _____

BUSINESS INFORMATION

LEGAL NAME:			
ADDRESS:			TEL: ()
CITY:	PROVINCE:	POSTAL CODE:	FAX: ()
HAS NAME BEEN CHANGED IN PAST 3 YEARS ? <input type="checkbox"/>		PREVIOUS NAME:	
Public Company Yes <input type="checkbox"/> No <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
INCORP. DATE:		YEARS IN BUSINESS:	
NO. OF EMPLOYEES:	ANNUAL SALES \$	PROFIT \$	NET WORTH \$
TYPE OF BUSINESS:		WEB SITE:	
CONTACT:		E-MAIL ADDRESS:	

LANDLORD INFORMATION

OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	CONTACT:	LANDLORD / MORTGAGEE:
TEL: ()	MONTHLY RENT / MTG \$	MTG AMOUNT \$	MARKET VALUE \$

BANKING INFORMATION

BANK:	ADDRESS:	TEL: ()
CONTACT:	DEALING SINCE	BANK LOANS \$
	LINE OF CREDIT \$	UTILIZED %

PRINCIPALS INFORMATION

FIRST NAME:	MIDDLE:	LAST:	TEL: ()
ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:
DATE OF BIRTH: DAY ____ MTH ____ YR ____	* SIN #	JOB TITLE:	
ANNUAL INCOME \$	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	MONTHLY MTG/RENT PMT \$
			EQUITY \$
PRINCIPAL SIGNATURE: _____		DATE: _____	

FIRST NAME:	MIDDLE:	LAST:	TEL: ()
ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:
DATE OF BIRTH: DAY ____ MTH ____ YR ____	* SIN #	JOB TITLE:	
ANNUAL INCOME \$	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	MONTHLY MTG/RENT PMT \$
			EQUITY \$
PRINCIPAL SIGNATURE: _____		DATE: _____	

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SUPPLIER INFORMATION

SUPPLIER NAME:		ADDRESS:	
CITY:	PROVINCE:	POSTAL CODE:	CONTACT:
TEL: ()	FAX: ()	E-MAIL ADDRESS:	
WEB SITE:	CREDIT REQUIRED: \$	TERM:	
EQUIPMENT DESCRIPTION:			

FAX APPLICATION TO: (416) 497-9988 OR 800 835-8464