



# MASTER CREDIT APPLICATION

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23 LESMILL RD  
STE 302, TORONTO, ON, M3B 3P6  
Office (416) 497-4441  
800 293-1119  
Fax (416) 497-9988  
800 835-8464

LEASING CONSULTANT: \_\_\_\_\_

DATE: \_\_\_\_\_

## BUSINESS INFORMATION

COMPANY NAME:		OPERATING AS:	
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"/>
INDIVIDUAL / SOLE OWNER		IS BUSINESS REGISTERED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
INCORP. DATE:	PROVINCIAL <input type="checkbox"/>	FEDERAL <input type="checkbox"/>	YEARS IN BUSINESS:
NO. OF EMPLOYEES:	ANNUAL SALES \$	PROFIT \$	NET WORTH \$
TYPE OF BUSINESS:			WEB SITE:
CONTACT:		E-MAIL ADDRESS:	

## SHAREHOLDERS / AFFILIATED COMPANIES & CUSTOMERS

SHAREHOLDERS / OWNERS NAME	TITLE / POSITION	% OWNER	SHAREHOLDERS / OWNERS NAME	TITLE / POSITION	% OWNER
1)			3)		
2)			4)		

AFFILIATED COMPANIES: \_\_\_\_\_

LIST OF MAJOR CUSTOMERS: \_\_\_\_\_

## 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 _____	

The information collected in connection with this credit application is required by EASYLEASE Corp., (including its agents, potential and actual lenders on whose behalf EASYLEASE Corp. may act and other companies to whom EASYLEASE may assign all or part of a lease/loan) (collectively "EASYLEASE") for statistical analysis and credit/leasing purposes, such as: (i) to assess and process this credit application; (ii) to administer any loan/lease if approved; and (iii) to enforce any obligation owed by any debtor, lessee or guarantor. The principal authorizes EASYLEASE, now or in the future while this application or a subsequent credit application is pending, or if approved, the loan/lease outstanding, to collect, use and disclose for credit/leasing purposes, additional information about the principal and the principal's credit worthiness, from the principal and from and with third parties such as references; personal information and credit reporting agents and bureaus; and other institutions with whom the principal may have financial dealings. \*Provision of a SIN is optional. Providing it helps us distinguish one individual from another and it facilitates this credit application.

**"APPLICATION CONTINUED ON NEXT PAGE"**



# MASTER CREDIT APPLICATION CONTINUED

200 CONSUMERS RD  
STE 604, TORONTO, ON, M2J 4R4  
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800 835-8464

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ASSETS	VALUE	OWING	LIABILITIES	AMT OWING	MONTHLY PMT
Cash in Chequing Account	\$	\$	Mortgage/Rent	\$	\$
Cash in Savings Account			Other Mortgage		
Real Estate, Home			Auto Loan		
Other Real Estate			Other Loans		
Listed Stocks and Bonds			Notes Payable		
Automobile			Credit Cards		
Equity in Your Own Business			Other:		
Money Owed to You					
Other:					
<b>Total Assets</b>			<b>Total Liabilities</b>		

CREDIT REFERENCES							
HAVE YOU PREVIOUSLY BORROWED TO FINANCE EQUIPMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>				FROM EASYLEASE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
LENDERS NAME	PH#	CONTACT	YR	EQUIPMENT	DATE OPEN	TERM	BALANCE
							\$
							\$
							\$

SUPPLIER INFORMATION				
SUPPLIER NAME:		ADDRESS:		CITY
PROV:	POSTAL CODE:	CONTACT:	TEL: (     )	
FAX: (     )	WEB SITE:			

EQUIPMENT TO BE FINANCED						
IS THE EQUIPMENT BEING FINANCED REPLACEMENT <input type="checkbox"/>				OR ADDITIONAL ? <input type="checkbox"/>		
DESCRIPTION OF EQUIPMENT (ATTACH SPECIFICATIONS)				EQUIPMENT COST	TAXES	TOTAL
NEW / USED	YEAR	MAKE	MODEL			
				\$	\$	\$
(SERIAL # / VIN#)				TOTALS	\$	\$
DESCRIPTION OF TRADE IN (IF APPLICABLE)				<b>TRADE IN ALLOWED</b>	<b>LESS LIEN</b>	
				\$	\$	\$
(SERIAL # / VIN #)				<b>LESS CASH DOWN PAYMENT</b>		\$
				<b>TOTAL TO BE FINANCED</b>		\$

FINANCE TERMS				
LEASE <input type="checkbox"/>	CONDITIONAL SALES <input type="checkbox"/>	LOAN AGREEMENT <input type="checkbox"/>	FIXED RATE <input type="checkbox"/>	FLOATING RATE <input type="checkbox"/>
PURCHASE OPTION: \$		OR	% AFTER	PAYMENTS OR STRETCH TERM MONTHS
TERM:	MONTHS	NUMBER OF PAYMENTS:	FREQUENCY: (ANNUAL, SEMI-ANNUAL, QUATERLY, MONTHLY)	
ACCELERATED PAYMENTS:			SKIP PAYMENTS:	
GUARANTORS				
COMMENTS:				

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