



CREDIT APPLICATION

23 LESMILL RD
 SUITE 302
 TORONTO, ON. M3B 3P6
 OFFICE (416) 497-4441
 FAX (416) 497-9988
 easylease.ca

LEASING CONSULTANT: _____

DATE: _____

PERSONAL INFORMATION

FIRST NAME			MIDDLE INITIAL			LAST NAME			DAY			MONTH			YEAR		
NAME: _____									DATE OF BIRTH: _____								
RES. TEL: () _____						SIN: _____			E-MAIL: _____								
ADDRESS: _____											CITY: _____						
PROVINCE: _____				POSTAL CODE: _____				MOBILE # () _____				OWN <input type="checkbox"/> RENT <input type="checkbox"/>					
MONTHLY RENT/MTG PMT \$ _____				MTG AMOUNT OWING: \$ _____				EST. MKT VALUE: \$ _____									
HELD BY: _____											TEL: () _____						
CURRENT EMPLOYER: _____									HOW LONG WITH EMPLOYER ? _____								
ANNUAL INCOME \$ _____				JOB TITLE: _____				EMPLOYER TEL: () _____									

SELF EMPLOYED

OPERATING NAME: _____						ADDRESS: _____					
CITY		PROV.		HOW LONG?		ANNUAL INCOME\$ _____				PH# () _____	
FAX# () _____			TYPE OF BUSINESS: _____								

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:					
Total Assets			Total Liabilities		

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 SIGNATURE

 DATE

BANKING INFORMATION

BANK NAME: _____			BRANCH: _____			HOW LONG? _____		
TEL: () _____		ACCT:# _____		CONTACT: _____				

EQUIPMENT TO BE LEASED

SUPPLIER: _____				CONTACT: _____			
EQUIPMENT DESCRIPTION: _____						TEL: () _____	
CREDIT REQUIRED: \$ _____			TERM: _____			FAX: () _____	

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