

LEASING CONSULTANT: _____

DATE: _____

BUSINESS INFORMATION

REGISTERED NAME OF BUSINESS:					
ADDRESS:					TEL: ()
CITY:		PROVINCE:		POSTAL CODE:	
				FAX: ()	
HAS NAME BEEN CHANGED IN PAST 3 YEARS ? <input type="checkbox"/>			PREVIOUS NAME:		
CORPORATION <input type="checkbox"/>		PROPRIETORSHIP <input type="checkbox"/>		PARTNERSHIP <input type="checkbox"/>	
INCORP. DATE:				YEARS IN BUSINESS:	
CONTACT:		E-MAIL		WEB SITE:	

APPLICANT / SHAREHOLDER INFORMATION

FIRST:		MIDDLE:		LAST:		% OWNED		
ADDRESS:			CITY:		PROVINCE:		POSTAL CODE:	
DATE OF BIRTH: DAY ____ MTH ____ YR ____		SIN #			HOME TEL: ()			
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. It helps us distinguish one individual from another and it facilitates this application

PERSONAL NET WORTH & INCOME STATEMENT

ASSETS	VALUE	OWING	LIABILITIES	AMOUNT OWING	MONTHLY PAYMENT
Cash in Chequing Account			Mortgage / Rent		
Cash in Saving Account			Other Mortgage		
Real Estate, Home			Auto Loan		
Other Real Estate			Other Loans		
Listed Stocks and Bonds			Notes Payable		
Automotive			Credit Cards		
Equity in Your Own Business			Other:		
Money Owed to You					
Other:					
Total Assets			Total Liabilities		

TRUCKING INCOME (MONTHLY): \$ _____ OTHER MONTHLY INCOME: \$ _____

SOURCE OF OTHER INCOME: _____ TOTAL MONTHLY INCOME: \$ _____

GARAGING ADDRESS: _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____

OWN RENT GARAGING PREMISES MORTGAGE HOLDER / NAME OF LANDLORD: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____

SPOUSE

MARITAL STATUS: MARRIED DIVORCED SINGLE NUMBER OF DEPENDENTS: _____

FIRST NAME OF SPOUSE: _____ MIDDLE: _____ LAST: _____

DATE OF BIRTH: DAY ____ MTH ____ YR ____ SIN # _____ EMPLOYER: _____

JOB TITLE: _____ TIME AT CURRENT JOB _____ ANNUAL INCOME \$ _____

CREDIT APPLICATION CONT. PAGE 2-2

NEAREST RELATIVE (NOT IN THE HOUSEHOLD)

NAME:		ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:	TEL: ()	RELATION:

EQUIPMENT TO BE LEASED

QTY	YEAR	MAKE	MODEL	SELLING PRICE (PRE TAX)

TOTAL SALES PRICE <u>DOES NOT</u> INCLUDE APPLICABLE SALES TAX	TOTAL SALES PRICE: \$
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AMOUNT & TERMS

SALE PRICE \$	LESS DOWN PAYMENT \$	AMOUNT FINANCED \$
FINANCE TYPE: LOAN <input type="checkbox"/> LEASE <input type="checkbox"/>	DESIRED MONTHLY PAYMENT \$	TERM / MONTHS

EMPLOYMENT

NUMBER OF TRUCKS OPERATING:	NUMBER OF TRUCKS: OWNED: _____ LEASED: _____
DATE EMPLOYED / WILL BE EMPLOYED:	MONTH _____ DAY _____ YEAR _____
NAME OF HAULING SOURCE:	CONTACT:
TEL: ()	CONTRACT: WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> CONTRACT EXPIRY DATE (MM-DD-YY)
OPERATING LICENSE NUMBER:	LICENSE EXPIRY DATE (MM-DD-YY)
OPERATING LICENSE PROVINCE:	TRUCKS PURCHASED ARE FOR:
WILL THEY HAVE FULL TIME WORK: YES <input type="checkbox"/> NO <input type="checkbox"/>	YEARLY KILOMETERS:
PRINCIPAL ROUTE FROM:	PRINCIPAL ROUTE TO:
PRIMARY USE OF TRUCK & PRODUCTS HAULED:	

PREVIOUS EMPLOYER

NAME:		ADDRESS:	
CITY:	PROVINCE:	TEL: ()	CONTACT:
EMPLOYED FROM (DD-MM-YY):		EMPLOYED TO (DD-MM-YY):	
OCCUPATION			

BANKING & CREDIT INFORMATION

BANK NAME:		ADDRESS:	
CITY:	PROVINCE:	POSTAL CODE:	TEL: ()
FAX: ()	CONTACT:	BANK ACCOUNT: CHEQUING <input type="checkbox"/>	
SAVINGS <input type="checkbox"/> LINE OF CREDIT / LOANS <input type="checkbox"/> ACCOUNT NUMBER (S)			
ORIGINAL LOAN BALANCE \$		AMOUNT OWING \$	
HAVE YOU FILED FOR <u>BANKRUPTCY</u> IN THE LAST 10 YEARS ? YES <input type="checkbox"/> NO <input type="checkbox"/> (MM-DD-YY)			
DO YOU HAVE ANY <u>WRITE-OFFS, JUDGEMENTS, OR COLLECTIONS</u> TO REPORT: YES <input type="checkbox"/> NO <input type="checkbox"/>			
PLEASE EXPLAIN:			

DEALER NAME:		ADDRESS:	
CITY:	PROVINCE:	POSTAL CODE:	TEL: ()
FAX: ()	CONTACT:	E-MAIL:	