



250 Consumers Rd., Suite 703
 Willowdale, Ontario M2J 4V6
 (416) 499-6879 Fax: (416) 499-6200
 WATS: 1-800-463-2081

CREDIT APPLICATION

SALES REP: _____

DATE: _____

LESSEE'S INFORMATION

| | | |
|------------------|-------|-------------------|
| NAME: | | |
| ADDRESS: | | |
| CITY: | PROV: | POSTAL CODE: |
| TYPE OF BUSINESS | | TIME IN BUSINESS: |
| CONTACT: | | TEL. #: |

GUARANTOR'S OR PRINCIPAL'S INFORMATION

| | | | |
|----------------|--------------|-----------------|--------------|
| NAME: | | NAME: | |
| DATE OF BIRTH: | SIN: | DATE OF BIRTH: | SIN: |
| ANNUAL INCOME: | | ANNUAL INCOME: | |
| ADDRESS: | | ADDRESS: | |
| HOW LONG? | OWN OR RENT? | HOW LONG? | OWN OR RENT? |
| EST.MKT.VALUE: | | EST.MKT. VALUE: | |
| MORTGAGES: | | MORTGAGES: | |
| HELD BY: | | HELD BY: | |

BANKING INFORMATION

| | | | |
|------------|---------|------------|---------|
| NAME: | | NAME: | |
| BRANCH: | | BRANCH: | |
| TEL: | ACCT #: | TEL: | ACCT #: |
| ACCT MGR.: | | ACCT MGR.: | |

EQUIPMENT TO BE LEASED

| | | |
|------------------|----------|----------|
| SUPPLIER: | CONTACT: | TEL: |
| DESCRIPTION: | | |
| AMOUNT FINANCED: | TERM: | PAYMENT: |

I/We certify that the above information is complete and accurate. To conduct a personal/corporate investigation as may be considered necessary information, I/We further authorize the lessor or its agents and I/we authorize any reporting agency to supply such information.

Applicant's Signature _____

Date: _____