



**GREG FUNK**

**Cell: (604) -358-9943**

**Fax: 1-866-217-4254**

**Email: gfunk@cleleasing.ca**

**CREDIT APPLICATION**

*Complete in block letters*

**LESSEE INFORMATION**

Legal Name:		<b>Source:</b>	
Address:		Telephone:	
City/Prov.:		Fax:	
Postal Code:		Cellular:	
Contact:		Pager:	
Type of Business:		Since:	
Building Owner's Name:			
Address:			

**BANK INFORMATION** *(include a sample cheque)*

<b>Commercial</b> <input type="checkbox"/>	<b>Personal</b> <input type="checkbox"/>	<b>Commercial</b> <input type="checkbox"/>	<b>Personal</b> <input type="checkbox"/>
Name:		Name:	
Address:		Address:	
City/Prov/PC:		City/Prov/PC:	
Contact:		Contact:	
Telephone:		Telephone:	
Fax:		Fax:	
Account No.:		Account No.:	
Credit Line: \$		Credit Line: \$	
Utilized:		Utilized:	

**SUPPLIER INFORMATION**

Name:		<b>Prog. No.:</b>	
Address:		Contact:	
City/Prov.:		Telephone:	
Postal Code:		Fax:	

**EQUIPMENT DESCRIPTION** *(attach quote to the credit application)*

Quantity	Description	Price

**PAYMENT TERMS**

Total Cost:	Term (months):
Deposit:	Exchange Value:
To Finance:	Number of payments per year:

**PERSONAL INFORMATION**

Name:		Name:	
Address:		Address:	
City/Prov.:		City/Prov.:	
Postal Code:		Postal Code:	
Own:	How Long:	Mortgage/ Rent Pmt:\$	Own: How Long: Mortgage/ Rent Pmt:\$
Outstanding Amount:\$	Market Value:\$	Outstanding Amount:\$	Market Value:\$
Mortgage/ Landlord Name		Mortgage/ Landlord Name	
Tel. (home):		Tel. (home):	
S.I.N.:		S.I.N.:	
Date of Birth:		Date of Birth:	

**CONSENTMENT AND SIGNATURE:** the undersigned certifies that the above information is true and correct. By signing below, I/we consent to Cle Leasing and/or its warranty obtaining from any Credit Reporting Agency or Credit Garantor with whom the undersigned has financial relations, any information it may require at any time in connection with the credit application hereby, and consent to its full disclosure at any time.

Signature (A)

Signature (B)

Date