

# CORPORATE CREDIT APPLICATION

\* required information

| SUPPLIER & TRANSACTION DETAILS                   |  |              |                             |
|--|--|--------------|-----------------------------|
| Date :   |  | Supplier :   |                             |
| Phone Number :                                   |  | Fax Number : | Sales Representative Name : |
| * Equipment Description (Year, Make, Model etc): |  |              |                             |
| * Equipment condition :                          | <input type="checkbox"/> New <input type="checkbox"/> Used | Year :       | * Cost:                     |
| * Term :   | * Payment Frequency :                                      | Trade-In :   |                             |

| CUSTOMER DETAILS                          |                     |  |   |
|---|---------------------|--|---|
| * Legal Name of Company (if applicable) : |                     |  |   |
| <input type="checkbox"/> Ltd./Inc.        | Incorporation Date: | <input type="checkbox"/> Partnership<br>(Please complete section below if Partnership)         | <input type="checkbox"/> Proprietorship<br>(Please complete section below if Proprietorship)        |
| Operating Name (if applicable) :          |                     |  | In Business Under Current Ownership Since :<br>(Please complete section below if less than 2 years) |
| * Type of Business :                      |                     | Number of Employees (* if in Quebec)   |   |
| Mailing Address :                         |                     | City :   | Province :  |
| * Billing Address:                        |                     | * City :   | * Province :  |
| Contact :                                 | * Phone Number :    | <input type="checkbox"/> Home <input type="checkbox"/> Work<br><input type="checkbox"/> Mobile | * Email Address:  |
| Business Website :                        |                     | PST/QST Number :   |   |
| Landlord/Mortgagee Holder :               |                     | Phone Number :   |   |

| ADDITIONAL APPLICANTS/GUARANTORS |                      |  |                   |
|----------------------------------|----------------------|--|-------------------|
| * First Name :                   | * Middle :           | * Last Name :  | * Suffix :        |
| * Date of Birth                  | Month    Day    Year | Social Insurance Number (optional)   | * Email Address : |
| * Home Address :                 |                      | * City :   | * Province :      |
| * Postal Code :                  | * Phone Number :     | <input type="checkbox"/> Home <input type="checkbox"/> Work<br><input type="checkbox"/> Mobile |                   |
| * First Name :                   | * Middle Name :      | * Last Name :  | * Suffix :        |
| * Date of Birth                  | Month    Day    Year | Social Insurance Number (optional)   | * Email Address : |
| * Home Address:                  |                      | * City :   | * Province :      |
| * Postal Code :                  | * Phone Number :     | <input type="checkbox"/> Home <input type="checkbox"/> Work<br><input type="checkbox"/> Mobile |                   |

I/We, the applicant, principal and/or guarantor each :

- acknowledge that providing a social insurance number is optional and not a condition to obtaining a credit review;
- consent to the collection, use and disclosure of personal information for the purposes of credit adjudication by the Lessor/Lender and its funders and to enable the Lessor/Lender and its assignees to provide financing and to promote the products and services of the Lessor/Lender and its affiliates; and
- consent to the Lessor/Lender and its funders obtaining information relating to the applicant, principal and/or guarantor from credit reporting agencies in connection with this application.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_