



AUTHORIZED SIGNATURE

Part A

VENDOR						Equipment Description:					
Sales Rep:											
Phone Number:						Equipment Cost \$:					
Fax Number:						Lease Term Requested (in months):					
APPLICANT											
Name: DOB:									SIN: (optional)		
Driver's License #:	Name:			Rent or Own Home:		How Los	How Long: Monthl				
Home Address:					City	y and Pr	ovince:			Postal Code:	
Home #:			Cell #:				Fax #:			Email Address:	
Employment Name:			Cell#.	Emi	nlovme	nt Addre				Work #:	
Are you self employed:			If yes, which of the following ap						How Long:		
□Yes □ No			☐ Sole Proprie	tor	Partr	nership Limited or Incorpor			ated		
alary:			Any other sources of income/amounts:					Total income:			
Part B											
Part B COMPANY INFO	RMATION (FOR	LIMITED	AND INCORPOR	ATED COMPAN	lies)						
Full Company Name		LIMITED	AND INCURPORA	ALED COMPAN	NIES)						
Address:											
City:	Province: Post						Phone Number: Fax N		Fax Nu	Number:	
Type of Business:						Number of Employees:					
Business Start Date:											
Part C	A DEHOL DEDS	/ SOL FI	DDADDIETA	DC (TO DE E	HIED	DV ALI	ADDI ICANTO				
PRINCIPALS / SHAREHOLDERS / SOLEPROPRIETORS Name:						BY ALL	Date of Birth:		SIN:		
Title / Position:							Ownership Percent:				
Home Address:											
City:	Province:			Postal Code:			Phone Number:		Fax Number:		
Name:						Date of Birth:		1	SIN:		
Title / Position:						Ownership Percent:					
Home Address:											
	T			T				<u>.</u>			
City:	Province: Pos			Postal Code:	:		Phone Number:		Fax Number:		
BANK REFERENCES Bank Name:						Contact Name:					
Bank Address:											
City:	Province:			Postal Code	:		Phone Number:		Fax Nu	mber:	
Transit Number: Account					Number(s):						
Average Deposit Balance: Overdra					Loan Amount(s):						
											
disclose such information a	s may be required to app									r credit grantor to compile, furnish a circumstances is this to be consider	
an application for consume				•			•				

TITLE

DATE