



Contact: Debbie Ross
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CREDIT APPLICATION
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COMPANY DETAILS

| | | | |
|---|--------------------------------------|-------------------------------------|---------------------|
| Company Legal Name | | Operating or Other Name | |
| Address | City | State/Province | Zip/Postal Code |
| Contact Name | Title | Phone | Fax |
| E-Mail Address | | Website Address | |
| <input type="checkbox"/> Private Incorporation | <input type="checkbox"/> Public Co. | <input type="checkbox"/> Government | Business Start Date |
| <input type="checkbox"/> Owner-Operated | <input type="checkbox"/> Partnership | <input type="checkbox"/> Non-Profit | Incorporation Date |
| Number of Employees | Industry/Type of Business | | |
| Business Premises <input type="checkbox"/> Owned <input type="checkbox"/> Leased | Landlord/Mortgage Holder | Contact Name | Phone |
| Bank Name | Branch Name and Address | | Phone |
| Account Number | Years Dealing | Contact Name | Fax |
| Trade Reference Supplier 1 | Phone | Fax | |
| Trade Reference Supplier 2 | Phone | Fax | |
| Trade Reference Supplier 3 | Phone | Fax | |

OWNER/PARTNER DETAILS (Required for Owner-Operators, Partnerships and Privately-Held Corporations. Please complete one form for each principal)

| | | | |
|---|------------------|-------------------------|-----------------------------|
| First Name & Initials | Last Name | Social Insurance Number | Date of Birth (MM/DD/YY) |
| Address | City | State/Province | Postal Code |
| Phone | | | |
| Personal Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____ | Home Value \$ | Mortgage Balance \$ | Mortgage/Rent Payment \$ |
| Major Credit Cards Held In Your Name: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex | Marital Status | | Company Ownership % |

LEASE DETAILS Attach copy of supplier quotation(s) if available

| | | | |
|---------------------------|--|---|--|
| Equipment Supplier Name | Sales Person | Phone | Fax |
| Metlab Corporation | | 800-828-6866 | |
| Equipment Description | <input type="checkbox"/> New <input type="checkbox"/> U <input type="checkbox"/> Reconditioned | Equipment Cost (Before Tax) \$ <input type="checkbox"/> CAN. <input type="checkbox"/> U.S. | Lease Term Requested <input type="checkbox"/> Years <input type="checkbox"/> Months |

THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND CORRECT. I/WE HEREBY AUTHORIZE WESTPORT LEASING CORPORATION AND/OR ITS THIRD-PARTY AGENTS, OR ASSIGNS (WESTPORT) TO COLLECT, RETAIN, USE, DISCLOSE & EXCHANGE CREDIT REPORTS, BANKING & CREDIT REFERENCES, AND OTHER PERSONAL INFORMATION FOR ALL PURPOSES RELATED TO CONFIRMING IDENTITIES, THE EVALUATION OF CREDIT WORTHINESS, PROVIDING LEASING AND/OR OTHER FINANCIAL SERVICES, ADMINISTERING CONTRACTS, REGISTERING SECURITY INTERESTS, PERFORMING INTERNAL STATISTICAL ANALYSIS, REPORTING ACCOUNT INFORMATION TO CREDIT AGENCIES AND OTHER CREDITORS, AND/OR OTHER PURPOSES AS REQUIRED OR PERMITTED BY LAW. I/WE ACKNOWLEDGE THAT FILES CONTAINING MY/OUR PERSONAL INFORMATION MAY BE KEPT AT WESTPORT'S OFFICES AND THAT I/WE HAVE A GENERAL RIGHT TO ACCESS AND RECTIFY PERSONAL INFORMATION IN THE FILES BY SUBMITTING A WRITTEN REQUEST TO WESTPORT.

| | | | |
|-----------|------|-------|------|
| X: | | | |
| Signature | Name | Title | Date |