

**EquipmentLeaseCanada.com**

## **Lease Application Instructions**

### **Established Company (at least 2 years of profitable history)**

If you would like to make an application to lease the above equipment please provide the following;

1. Complete, sign, and date the attached Commercial Credit Application form.
2. Copies of your company's year-end financial statements for the previous two years.
3. A copy of the vendor quote or proforma invoice for the equipment to be financed.
4. A copy of the Specification Sheets for the equipment to be purchased or a web site were this information can be found.
5. Fax or e-mail the above information as per contact information listed below.

Should you Have any questions please do not hesitate to contact the following:

Bert Zoratto  
EquipmentLeaseCanada.com  
[bertz@equipmentleasecanada.com](mailto:bertz@equipmentleasecanada.com)  
Phone (866) 460-7380  
Fax (866) 344-9056

# EquipmentLeaseCanada.com

## COMMERCIAL CREDIT APPLICATION

### Vendor Information

VENDOR:	CONTACT:	TEL. No.:	FAX No.:
EQUIPMENT DESCRIPTION:		EQUIPMENT COST:	LEASE TERM:

### Company Information

COMPANY LEGAL NAME:		TRADE NAME:	
ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:
CONTACT NAME:	TITLE:	TEL. No.:	FAX No.:
TYPE OF BUSINESS:	YEARS IN BUSINESS:	<input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP	

### Owner / Partner / Principal (PLEASE COMPLETE THIS SECTION PER APPLICANT)

NAME:	SIN No.:	DATE OF BIRTH (M/D/Y)	OWNERSHIP (%):
ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:
TEL. No.:	MARITAL STATUS: <input type="checkbox"/> MARRIED / COMMON-LAW <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED/SEPARATED		DEPENDENTS:
SPOUSE'S NAME:	SIN No.:	DATE OF BIRTH (M/D/Y)	OCCUPATION:
NAME:	SIN No.:	DATE OF BIRTH (M/D/Y)	OWNERSHIP (%):
ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:
TEL. No.:	MARITAL STATUS: <input type="checkbox"/> MARRIED / COMMON-LAW <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED/SEPARATED		DEPENDENTS:
SPOUSE'S NAME:	SIN No.:	DATE OF BIRTH (M/D/Y)	OCCUPATION:

### Bank Information

BANK NAME:	BRANCH:	CONTACT NAME:	ACCOUNT No.:
ADDRESS:	CITY / PROVINCE:	TEL. No.:	FAX No.:

The undersigned certifies the above information to be true and correct and hereby authorizes and instructs EquipmentLeaseCanada.com, Business Capital Group Inc. or any person, credit agency or credit grantor to compile, furnish and disclose such information as may be required to approve the credit applied for herein. The equipment to be financed is intended for business or professional use and under no circumstances is this to be considered an application for consumer financing.

CONTACT; EQUIPMENTLEASECANADA.COM AT (866) 460-7380, FAX: (866) 344-9056 [WWW.EQUIPMENTLEASECANADA.COM](http://WWW.EQUIPMENTLEASECANADA.COM)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE