

EquipmentLeaseCanada.com

Lease Application Instructions

New Company or Owner Operator

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. Complete, sign and date the attached Personal Financial Statement and Consent Form.
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.

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

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

SIGNATURE

TITLE

DATE

EquipmentLeaseCanada.com

5-190 Minets Pt. Rd. Suite 345 Barrie, ON L4N 8J8

CONSENT RESPECTING PERSONAL INFORMATION

You confirm that the information you have given us in respect of this application is true and complete, and you authorize us to rely on and use this information in order confirm your identity, evaluate your credit worthiness, in relation to the proposed financing contract being entered into. In particular, you agree that we, our affiliates and any third parties acting for us or on our behalf (hereinafter collectively “us”, “we” or “our”), may obtain a credit report or other credit information from any credit reporting agency, credit bureau or credit grantor, and may hold, use, exchange and disclose such information for the purposes identified above.

If your application is approved, you authorize us to collect, hold, use, exchange and disclose your personal information as required, in order to administer your contract, determine your insurance eligibility, and secure the assets being financed, or as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes.

We will keep a file containing some or all of your personal information at our office location from time to time. You have a general right to access and rectify the personal information *in* this file by making a written request to the above address.

Name (please print)

Name (please print)

Date of Birth

Date of Birth

S.I.N. (optional)

S.I.N. (optional)

Date Signed

Date Signed

Signature

Signature