

Personal Credit Application

VENDOR	VENDOR NAME:		EQUIPMENT DESCRIPTION:			
	SALES REP.:		EQUIPMENT COST:		TERM:	
	TELEPHONE: ()		PAYMENT (Monthly): \$		PAYMENT (Quarterly): \$	
	FAX: ()					
ABOUT YOURSELF	LAST NAME:		FIRST NAME:		INITIALS:	
	SOCIAL INSURANCE NO.:		DATE OF BIRTH (MM/DD/YYYY):		DRIVER'S LICENCE NO.:	
	ADDRESS:					
	CITY:		PROVINCE:	POSTAL CODE:	HOW LONG?	
ABOUT YOUR WORK	EMPLOYER:		EMPLOYER TELEPHONE:	POSITION:	GROSS MONTHLY: \$	HOW LONG?
	PREVIOUS EMPLOYER (if less than 2 years above):			POSITION:	HOW LONG?	
CO-APPLICANT	LAST NAME:		FIRST NAME:		INITIALS:	
	DATE OF BIRTH (MM/DD/YYYY):		SOCIAL INSURANCE NO.:			
	EMPLOYER:			OCCUPATION:		
	GROSS MONTHLY: \$		HOW LONG?	CREDIT CARDS:		
AUTHORIZATION AND CONSENT RESPECTING PERSONAL INFORMATION	<p>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 TO CONFIRM YOUR IDENTITY AND EVALUATE YOUR CREDIT WORTHINESS, IN RELATION TO THE 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.</p> <p>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.</p> <p>PLEASE SIGN BELOW</p> <p>X _____ DATE: _____, _____ (Applicant)</p> <p>X _____ DATE: _____, _____ (Co-Applicant, if applicable)</p>					

Commercial Credit Application

VENDOR	VENDOR NAME:		TERM:	
	SALES REP.:		EQUIPMENT:	
	TELEPHONE:		PAYMENT (Monthly): \$	
	FAX:		PAYMENT (Quarterly): \$	
COMPANY INFORMATION	FULL COMPANY NAME:			
	ADDRESS:			
	CITY:	PROVINCE:	POSTAL CODE:	TELEPHONE:
	TYPE OF BUSINESS:		NO. OF EMPLOYEES:	BUSINESS START DATE:
	STRUCTURE: <input type="checkbox"/> INCORPORATED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP			
PRINCIPALS/ OFFICERS	1	NAME:		TITLE:
	2	NAME:		TITLE:
BANK REFERENCES	BANK NAME:			
	ADDRESS:			
	CITY:	PROVINCE:	POSTAL CODE:	TELEPHONE:
	BRANCH:		ACCOUNT NO.(S):	
	AVERAGE BALANCE ON DEPOSIT: \$		OVERDRAFT/LOAN AMOUNT(S): \$	
FINANCIAL SUMMARY	TOTAL REVENUE/SALES: \$		TOTAL ASSETS: \$	
	INCOME BEFORE TAXES: \$		TOTAL DEBT: \$	
	NET INCOME AFTER TAXES: \$		TOTAL SHAREHOLDERS EQUITY: \$	
	<p>THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND CORRECT.</p>			
	<p>X _____ TITLE: _____ DATE: _____ (Authorized Signature)</p>			