

CAN-AM LEASING

(Div. of 611341 B.C. Ltd.)

Ph: (250) 769-7289 (Toll Free: 1-888-432-4099) Fax: (250) 769-0101 (Toll Free: 1-888-432-4102)

COMMERCIAL CREDIT APPLICATION

Vendor Name and Address:				
Tel:		Fax:		Contact:
Detailed Equipment Description or Copy of Quotation Attached:				
Amount:	Term:	LRF:	Monthly Lease Payment:	Purchase Option:

LESSEE'S INFORMATION

Company Legal Name:			Contact:	
Address:		City:		Postal Code:
Tel:	Fax:	Nature of Business:		Years in Business:
Type of Business: Non-Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> If Proprietorship please complete principal's information below				

BANKING INFORMATION

CIBC <input type="checkbox"/> Royal <input type="checkbox"/> Bank of Montreal <input type="checkbox"/> TD <input type="checkbox"/> BNS <input type="checkbox"/> Other:			Contact Name:	
Address:		Phone#:		Fax#:
Account #:		Account Balance:		NSF's:
Years dealing at bank:	Line of Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Amount Authorized:		Present Utilization:

PRINCIPAL'S INFORMATION FOR BUSINESS UNDER 3 YEARS AND PROPRIETORSHIPS

Name:		Date of Birth:		Social Ins No:
Home Address:			Home Telephone #:	
City:		Postal Code:		Own <input type="checkbox"/> Rent <input type="checkbox"/>
How Long:	Monthly Income:	Estimated Value:		Mortgage Amount:

I/We, the applicant, principal and/or guarantor, consent to:
the collection, use and disclosure of personal information for the purposes of credit adjudication by the Lessor and its funders and to enable the Lessor and its assignees to provide leasing services; and
the Lessor and its funders obtaining information from credit reporting agencies and listed references in connection with this application.

Signature Of Applicant: _____

Date of Application: _____