

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 Residence 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 CAN-AM LEASING (CAN-AM) and/or its funders and to enable CAN-AM and/or its funders to provide leasing services; and CAN-AM and/or its funders obtaining information from credit reporting agencies and listed references in connection with this application.

Signature Of Applicant: _____

Date of Application: _____