



1245 Queens bush Rd, Wellesley, Ontario N0B 2T0
Phone: 1-888-888-1254 Fax: 1-519-656-2919

DATE	EQUIPMENT	
COST	TERM	SALES PERSON

COMPANY INFORMATION

FULL LEGAL NAME		PHONE NO.
OPERATING NAME		CONTACT
ADDRESS		
PROPRIERSHIP <input type="checkbox"/>	CITY & PROVINCE	POSTAL CODE
PARTNERSHIP <input type="checkbox"/>	IN BUSINESS SINCE	TYPE OF BUSINESS
LTD. COMPANY <input type="checkbox"/>	UNDER PRESENT CONTROL SINCE	NO. OF EMPLOYEES WEB SITE

PRINCIPAL/PERSONAL INFORMATION

FULL NAME	DATE OF BIRTH		SOCIAL INSURANCE NUMBER (Optional)
STREET ADDRESS		RENT <input type="checkbox"/> OWN <input type="checkbox"/> AMT \$	HOW LONG
CITY, PROV.	POSTAL CODE	GROSS ANNUAL INCOME	HOME PHONE
FULL NAME	DATE OF BIRTH		SOCIAL INSURANCE NUMBER
STREET ADDRESS		RENT <input type="checkbox"/> OWN <input type="checkbox"/> AMT \$	HOW LONG
CITY, PROV.	POSTAL CODE	GROSS ANNUAL INCOME	HOME PHONE

BANK REFERENCES

BANK	BRANCH	HOW LONG
CONTACT	PHONE NUMBER	ACCOUNT #
PREVIOUS/OTHER BANK IF LESS THAN 1 YEAR AT ABOVE	BRANCH	PH. NO.

TRADE REFERENCES

MAJOR TRADE/CREDIT REFERENCES (INCLUDE OTHER LEASE COMPANIES)		
NAME & ADDRESS	CONTACT	PH. NO.
NAME & ADDRESS	CONTACT	PH. NO.
MAILING ADDRESS IF DIFFERENT FROM ABOVE		
ACCOUNTS PAYABLE CONTACT	PST EXEMPT #	

WE THE UNDERSIGNED, HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE, IN CONJUNCTION THEREWITH WE AUTHORIZE AND CONSENT TO THE RECEIPT AND EXCHANGE OF ANY AND ALL CREDIT INFORMATION CONSIDERED NECESSARY TO THE LESSOR.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____
 SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____