



**COMMERCIAL CREDIT APPLICATION**

PLEASE RETURN BY FAX TO AT (877) 903-5511  
 PLEASE CALL (877) 903-4411 FOR MORE INFORMATION

DATE:	EQUIPMENT:	% SOFT COSTS:
COST:	TERM:	VENDOR:

**COMPANY INFORMATION**

FULL LEGAL NAME:		PHONE NO.:
OPERATING NAME:		CONTACT:
ADDRESS:		FAX NO.:
PROPRIETERSHIP	<input type="checkbox"/>	CITY & PROVINCE:
PARTNERSHIP	<input type="checkbox"/>	POSTAL CODE:
LTD. COMPANY	<input type="checkbox"/>	IN BUSINESS SINCE:
UNDER PRESENT CONTROL SINCE:		TYPE OF BUSINESS:
WEBSITE:		E-mail:
BANK:	ACCOUNT #:	PHONE NO.:
		CONTACT:

**PRINCIPAL / PERSONAL INFORMATION**

FULL NAME:		DATE OF BIRTH:	S.I.N. #:
ADDRESS:	RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	AMT \$
CITY & PROV:	POSTAL CODE:	GROSS INCOME: /YEAR	HOME PHONE:
HOW LONG:			
FULL NAME:		DATE OF BIRTH:	S.I.N. #:
ADDRESS:	RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	AMT \$
CITY & PROV:	POSTAL CODE:	GROSS INCOME: /YEAR	HOME PHONE:
HOW LONG:			

**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 to confirm your identity, 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 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 1448 Cliveden Avenue, Delta, British Columbia V3M 6L9 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, Attention: Privacy Office.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)