



Tel: (604) 670-7816 Fax: (604) 305-2155 Email: contact@EquipmentLeasingVancouver.ca

COMMERCIAL CREDIT APPLICATION

VENDOR	VENDOR NAME:		EQUIPMENT DESCRIPTION:			
	SALES REP:	EQUIPMENT COST:	TERM:	PAYMENT:		
	TELEPHONE: ()	FAX:	EMAIL:	WEBSITE:		
COMPANY INFORMATION	FULL COMPANY NAME:					
	ADDRESS:					
	CITY:	PROVINCE:	POSTAL CODE:	TELEPHONE: ()		
	TYPE OF BUSINESS:	BUSINESS START DATE:(MM/DD/YYYY)		FAX: ()		
	NO OF EMPLOYEES:	INCORPORATED ()	PARTNERSHIP ()	EMAIL:		
BANK REFERENCES	BANK NAME:		ACCOUNT NO (S):			
	ADDRESS:		CONTACT:	TELEPHONE: ()		
OWNER/ GUARANTOR INFORMATION (COMPLETE FOR PROPRIETORSHIPS AND PARTNERSHIPS)	LAST NAME:		FIRST NAME:	INITIALS:		
	SOCIAL INSURANCE NO:	DATE OF BIRTH (mm/dd/yyyy)	HOME TELEPHONE: ()	GROSS MONTHLY INCOME: \$		
	CURRENT RES. ADDRESS: OWN ()		LIVE WITH PARENTS ()	HOME TELEPHONE:		
	HOW LONG?	RENT ()	OTHER ()	()		
	EMPLOYER:	POSITION:		SALARY:	HOW LONG?	
	RESIDENTIAL ADDRESS:		CITY:	PROVINCE:	POSTAL CODE:	
	HOUSE MARKET VALUE:	MORTGAGE:	BANK:	LINE OF CREDIT	BANK	
	\$	\$		\$		
	ADDRESS:		CITY:	PROVINCE:	POSTAL CODE:	
	MARKET VALUE:	MORTGAGE:	BANK:	LINE OF CREDIT	BANK	
\$	\$		\$			
OTHER REAL ESTATE	ADDRESS:		CITY:	PROVINCE:	POSTAL CODE:	
	MARKET VALUE:	MORTGAGE:	BANK:	LINE OF CREDIT	BANK	
AUTHORIZE AND 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 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. 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 OUR OFFICE 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.					
	PLEASE SIGN BELOW					
	X _____ (APPLICANT)				DATE: _____	
X _____ (CO-APPLICANT, IF APPLICABLE)				DATE: _____		