

Signature of Applicant _____



Credit Application Form

Equilease Corp. 41 Scarsdale Road Unit 5 Toronto, Ontario M3B 2R2

Contact - Steve Till Phone - 416 616 3217 Email - STill@equilease.com

Title _____ Date _

COMPANY

Company Legal Name		Operat	Operating As			
In Business Since		□ Corporation		🗌 Proprietorshi	p 🗌 Pa	rtnership
Address		City	Provii	1ce	Postal Code	
Website		Email				
Business Phone			Cell Pho	ne		
Nature of Business	Average Monthly Income \$					
Principal/Personal I	nformation	* Only fill out if you * Only fill out if you	are a sole p have been i	roprietorship n business for 3 year	s of less	
First Name		Last Name				
Date of Birth		SIN#				
Address		City	Provir	nce	<u>P</u> ostal Code	
Duration at current address?		Own or Rent		Value \$		
Home Phone	Cell Phone	Em	nail			
Equipment To Be Le	ased					
Description Including Year, Ma	ake, Model				🗌 New	🗌 Used
Cost	Term	Ven	ldor			
Representative		Phone		Fax		
The undersigned certifies that the above informat at any time to obtain on an on-going basis, verify grantors, on an on-going basis) any of my credit, transaction, including but not limited to assignme contract & determine your insurance eligibility as where you or your financing partners do business us to use your personal information for internal st	, use, communicate with and di financial, and personal informa nts and securitizations. You/we required or permitted by law. ' . As a result, information may b	sclose to third parties (includ tion that Equilease Corporat e authorize us to collect, hold We acknowledge that you or be accessible to regulatory at	ling credit report ion deems neces d, and disclose your your financing puthorities in according	ting agencies, credit exchanges sary to complete, service or espur personal information as re- partners may transfer and sto- ordance with the laws of these	es, leasing brokers, a enforce any lease, and equested in order to a re information to juri	nd credit cillary deed or administer your sdictions