



CANADIAN BUSINESS CREDIT APPLICATION

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Sales Rep: **SIMON WAKEFIELD** simonw@equilease.com

1. COMPANY HISTORY

Full Legal Name:					Phone Number: and Ext.		
Operating Name					Fax Number:		
O	Ltd./Inc.	Incorporation date:			In Business under current ownership Since:		
Email:			Website:			Contact Name:	
Industry			Number of Employees:			Contact Cell:	
Address							
City			Province			Postal Code	
miniHOME Location (if different from above):							

Principal Information Required if Business is a Proprietor, Partnership, or if the Business is Less Than 3 Years in Operation or Under Present Control.

Name (as on Driver's License).	1.	Social Insurance No. (optional):		Date of Birth:	MM	DD	YYYY
Home Address, inc. City, Province, Post. Code		Home Value:		Balance of Mortgage:			
		Home Phone:					
Name (as on Driver's License).	2.	Social Insurance No. (optional):		Date of Birth:	MM	DD	YYYY
Home Address, inc. City, Province, Post. Code		Home Value:		Balance of Mortgage:			
		Home Phone:					
Name (as on Driver's License).	3.	Social Insurance No. (optional):		Date of Birth:	MM	DD	YYYY
Home Address, inc. City, Province, Post. Code		Home Value:		Balance of Mortgage:			
		Home Phone:					

2. BANK REFERENCES

Bank			Branch			How Long	
Contact			Phone No.			Account No.	

3. DETAILS OF TRANSACTION

Date:		Equipment and Cost:			Supplier:	miniHOME
Phone No:		Sales Rep:			Term Desired:	

- 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 lease or financing contract being entered into. In particular, you agree that we, our affiliates, any third parties acting for us or on our behalf, or anyone to whom we must reasonably provide this information for the purposes identified above (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, including the personal information contained herein and in any other report obtained 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 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.

1. Signature of Applicant _____ Date: _____

2. Signature of Applicant _____ Date: _____

3. Signature of Applicant _____ Date: _____