

1100 Burloak Drive, Suite 300 Burlington, ON L7L 6B2

COMMERCIAL CREDIT APPLICATION

EQUIPMENT INFORITED SUPPLIER:		HONE:		SALES REP	:				
EQUIPMENT DESCRIPTION:				SALES REP EMAIL:					
EQUIPMENT COST \$:		ERM REQUESTED 4 36	48 60		10.00 END OF 0% PURCHASE			THER COSTS:	
COMPANY INFORMA	ATION								
LEGAL BUSINESS NAME				PHONE			FAX:	FAX:	
OPERATING AS NAME:				YEARS IN BUSINESS			ANNUA	L REVENUE	
ADDRESS:							NO. OF	EMMPLOYEES	
СПУ:				PROVINCE:				.CODE:	
CONTACT PERSON:				TITLE:			CONTA	CT NUMBER:	
EMAIL ADDRESS:				COMPANY WEBSITE:					
CORPORATION	PARTNERSHIP P	ROPRIETORSHIP	□ o	THER					
PRINCIPAL(S) INFOR	MATION:								
1)FULL LEGAL NAME:			TITLE:			EMAIL:		OWNERSHIP %	
HOME ADDRESS:	CITY:	POST	STAL CODE: OWN/RENT		ENT	VALUE:		MORTGAGE:	
HOME PHONE NUMBER:	CELL PHONE:		DATE OF BIF	RTH (M/D/Y)		SOCIAL INSURANCE NUMBER			
2)FULL LEGAL NAME:			TITLE:			EMAIL:		OWNERSHIP %	
HOME ADDRESS:	CITY:	POST	TAL CODE:	AL CODE: OWN/RENT:		VALUE:		MORTGAGE:	
HOME PHONE NUMBER:	CELL PHONE:		DATE OF BIRTH (M/D/Y):		:	SOCIAL INSURANCE NUMBER			
TRADE REFERENCES	1								
COMPANY NAME:				PHONE:			CON	CONTACT:	
COMPANY NAME:				PHONE:			CONTACT:		
LEASING COMPANIES USED:				I			I		
BANKING INFORMA	TION:								
BANK / BRANCH:			ACCOUNT NUMBER:		YEARS WIT	/ITH BANK:		LOC AMOUNT:	
CITY:	PROVINCE:	ACCOU	ACCOUNT MANAGER:		PHONE:		LC	OC AMOUNT UTILIZED:	
By signing this form, the signo true and complete, and you at financing transaction being co collectively "us", "we" or "our may hold, use, exchange and cexchange and secure the asset statistical analysis purposes. V	nthorize us to rely on and ntemplated. In particular, "), may obtain a credit replisclose such information is being financed, or as reve will keep a file contain	use this informat you agree that w ort or other crec for the purposes quired or permitting some or all of	tion in order to ve, our affilia dit information identified ab ted by law. Y f your person	to confirm tes or any ton from any tooke. If your double and information and information and information and informatical	your identity third parties credit repo r application thorize us to tion at our H	y, evaluate you acting for us o riting agency, c is approved, y use your perso lead Office loca	r credit wo r on our be redit burea ou authoria onal inform ation from t	rthiness, in relation to the half (hereinafter u or credit grantor and ze us to collect, hold, use lation for internal	
SIGNATURE OF CLIENT(S): X:_				X:					

Fax 855.676.2831 info@cdlcorp.ca