



## CREDIT APPLICATION

Please Complete and Fax to Credit (416) 499-6200,  
or E-mail to Ken@equilease.com

Equilease Corp.  
41 Scarsdale Road, Unit 5  
Toronto, ON M3B 2R2  
Tel: 416-499-6879 ext. 232

Company Legal Name		Trade Name		No. of Employees
Address		City	Province	Postal Code
Contact Name	E-mail	Telephone	Cell	Fax
Nature of Business		Years in Business	Type of Business: <input type="checkbox"/> Incorporated <input type="checkbox"/> Partnersh <input type="checkbox"/> Proprietors	
Landlord Name		Contact	Telephone	Fax
Bank Name		Branch	Contact	Account #
Address		City	Telephone	Fax
How Long?	Approved Line of Credit?		Outstanding	Deposit

**Principal/Shareholder (Please complete one application for each shareholder)**

Legal Name (last name, first name, middle initial)		Title	Ownership % of Applicant	Date of Birth (mm/dd/yy)	SIN
Home Address		City	Province	Postal Code	Telephone
How long at current address?	Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Estimated Market Value	Mortgage Balance	Registered Owner	
# of Dependents	Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	Spouse's Legal Name	Date of Birth (mm/dd/yy)	SIN #	
Bank Name		Branch	Contact	Telephone	

Have you ever declared bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you written NSF cheques in the past three years? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you any Judgments/Legal Proceedings against you? <input type="checkbox"/> No <input type="checkbox"/> Yes
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**Lease Details**

Vendor	Contact	Telephone	Fax	Lease Term Requested
Equipment Description	<input type="checkbox"/> New <input type="checkbox"/> Used	Total Cost (Pre Tax)	Down Payment	Purchase Option

The undersigned certifies that the above information to be true and correct. By signing below, I/we consent and authorize the following entity: Equilease Corporation and its representatives, at any time to obtain on an on-going basis, verify, use, communicate with and disclose to third parties (including credit reporting agencies, credit exchanges, leasing brokers, and credit grantors, on an on-going basis) any of my credit, financial, and personal information that Equilease Corporation deems necessary to complete, service or enforce any lease, ancillary deed or transaction, including but not limited to assignments and securitizations. You/we authorize us to collect, hold, and disclose your personal information as requested in order to administer your contract & determine your insurance eligibility as required or permitted by law. We acknowledge that you or your financing partners may transfer and store information to jurisdictions where you or your financing partners do business. As a result, information may be accessible to regulatory authorities in accordance with the laws of these jurisdictions. You also authorize us to use your personal information for internal statistical analysis purposes. I have read and accepted this Disclosure Statement.

Signature (Company)	Date
Signature (Personal)	Date