



# Credit Application Form

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**APPLICATION VALID IN CANADA AND USA**

## COMPANY

Company Legal Name \_\_\_\_\_ Operating As \_\_\_\_\_  
In Business Since \_\_\_\_\_ # of Employees \_\_\_\_\_  Corporation  Proprietorship  Partnership  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Website \_\_\_\_\_ Email \_\_\_\_\_  
Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Nature of Business \_\_\_\_\_ Average Monthly Income \$ \_\_\_\_\_

## Principal/Personal Information

\* Fill out if your business has been operating for under 5 years  
\* Fill out separate application for each shareholder

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SIN# \_\_\_\_\_ % of Ownership \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
How Long There? \_\_\_\_\_ Own or Rent \_\_\_\_\_ Value \$ \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Previous Employment \_\_\_\_\_ How Long? \_\_\_\_\_

## Equipment To Be Leased

Description Including Year, Make, Model \_\_\_\_\_  New  Used  
Cost \_\_\_\_\_ Term \_\_\_\_\_ Vendor \_\_\_\_\_  
Representative \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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. You also authorize us to use your personal information for internal statistical analysis purposes. I have read and accepted this Disclosure Statement.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_