

# CORPORATE CREDIT APPLICATION

**Apply by Fax:**

To apply, please complete this application and fax to: **Jon McBride at (877) 271-7359**

1. 79B9F & TRANSACTION DETAILS					
Date:		Center & Center #: <b>Durham - Ajax / Whitby, ON   Web # 2058   Centre #512301</b>			
Phone Number: <b>(905) 239-3278</b>		Fax Number: <b>(905) 239-7446</b>		Sales Rep <b>Name:</b>	
Current National <b>Leasing</b> Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Can National Leasing Contact the Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Equipment Description:					
Is the Equipment: <input type="checkbox"/> New <input type="checkbox"/> Used			Cost:	\$	
Is the Equipment Affixed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Soft Cost:	\$	
Term:		Trade In:	\$		
Purchase Option:		Trade Up:	\$		
		Total:	\$		
2. LESSEE DETAILS					
Full Legal Name:				Phone Number:	
Operating Name:				Contact:	
<input type="checkbox"/> Ltd./Inc. Incorporation Date:		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership		In Business Under Current Ownership Since: <i>(please complete section 5 if less than 2 years)</i>	
		<i>(please complete section 5 if a proprietorship or partnership)</i>			
Type of Business:				Number of Employees:	
Address:					
City:		Province:		Postal Code:	
3. BANK REFERENCE					
Bank:		Branch:		How Long:	
Contact:		Phone Number:		Account Number:	
4. TRADE REFERENCES					
Name & Address:		Contact:		Phone No.:	
Name & Address:		Contact:		Phone No.:	
5. PRINCIPAL/SHAREHOLDER DETAILS – If Partnership or Proprietorship					
① Full Name (First Middle Last):			② Full Name (First Middle Last):		
Personal Address:			Personal Address:		
Home Telephone:			Home Telephone:		
Percentage of Ownership:	Social Insurance Number (optional):	Date of Birth:	Percentage of Ownership:	Social Insurance Number (optional):	Date of Birth:

I/We, the applicant, principal and/or guarantor, consent to:

- The collection, use and disclosure of personal information for the purposes of credit adjudication by the Lessor and its funders and to enable the Lessor and its assignees to provide leasing services; and
- The Lessor and its funders obtaining information from credit reporting agencies and listed references in connection with this application.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT TO COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

RE: Credit Application dated Insert Date of Credit App

I/We consent to the collection, use and disclosure of personal information for the purposes of credit adjudication by the Lessor and its funders, for the purposes set out in the lease contract and to enable the Lessor and its assignees to provide leasing services.

Date: \_\_\_\_\_

Insert Name of Applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature

**Apply by Fax:**

To apply, please complete this application and fax to: Jennifer Hunt at (603) 433-9749