

CANLEASE CREDIT APPLICATION

Email to: coordination@canlease.net

Phone 877.849.0772 / Fax 506.847.1182

BUSINESS INFO

Legal Business Name			
Operating Name (if applicable)			
What does your business do, details please			
Years in business			
Street Address			
City		Province	
Postal Code		Phone/mobile	
Contact(s) Name		Email	
Website/Facebook		Business type	<input type="checkbox"/> Incorp <input type="checkbox"/> Proprietorship

PERSONAL INFO (complete this section if a proprietorship or less than 3 yrs in business)

Full Name (First/ Middle/ Last)			
Home Address			
DOB (Month/Day/Year)	/ /	SIN #	/ /
Home Phone		Home Owner (Y/N)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Home Market Value		Mortgage Balance	
Previous Bankruptcy (Y/N)?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES to above, details help			

EQUIPMENT INFO

Expected Delivery Date		Equipment Age:	<input type="checkbox"/> NEW <input type="checkbox"/> USED
Down Pmt Required?		If USED, year of Equip	
Equip Cost (<i>before</i> tax)		Equip affixed to anything?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Equipment Description:			
Supplier		Supplier Contact Name	
Term Requested	<input type="checkbox"/> 24M <input type="checkbox"/> 36M <input type="checkbox"/> 48M <input type="checkbox"/> 60M	Supplier Contact Phone	

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

the collection use and disclosure of personal information for the purpose of credit adjudication by Canlease and its funders to enable Canlease and its assignees to provide leasing services as well as consenting to Canlease and its funders to obtain information from credit reporting agencies in connection with this application.

☐ Verbal Consent

Signature of Applicant