



Lease Plus Financial

A Division of Lease Plus Services Inc.

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Commercial Credit Application

COMPANY INFORMATION

LP Agent: _____

LEGAL BUSINESS NAME:		PHONE:	FAX:
OPERATING AS NAME:		YEARS IN BUSINESS:	DATE OF INCORPORATION:
ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
E-MAIL ADDRESS:			
CONTACT PERSON:		CELL / CONTACT NUMBER:	
CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> OTHER <input type="checkbox"/> : _____			

TRADE REFERENCES

COMPANY NAME:	PHONE:	CONTACT:
COMPANY NAME:	PHONE:	CONTACT:

BANKING INFORMATION

BANK NAME:		ACCOUNT MANAGER:		
BRANCH ADDRESS:				HOW LONG AT THIS BANK:
CITY:	PROVINCE:	POSTAL CODE:	PHONE:	FAX:

PRINCIPALS

FULL LEGAL NAME:		FULL LEGAL NAME:	
PHONE NUMBER:	CELL PHONE NUMBER:	PHONE NUMBER:	CELL PHONE NUMBER:
TITLE:	OWNERSHIP %	TITLE:	OWNERSHIP %
ADDRESS:		ADDRESS:	
SOCIAL INSURANCE NUMBER:	DATE OF BIRTH (M / D / Y):	SOCIAL INSURANCE NUMBER:	DATE OF BIRTH (M / D / Y):

EQUIPMENT INFORMATION:

SUPPLIER:	PHONE NUMBER:	FAX NUMBER:	SALES REP NAME:
EQUIPMENT DESCRIPTION (MAKE & MODEL):			
EQUIPMENT COST: \$	IS THE EQUIPMENT: NEW <input type="checkbox"/> USED <input type="checkbox"/>	TERM REQUESTED:	ADDITIONAL INFO (IF NEEDED):

You confirm that the information you have given us in respect of this application is true and complete, and you authorize us to rely on and use this information in order to confirm your identity and evaluate your credit worthiness, in relation to the financing contract being entered into. In particular, you agree that we, our affiliates and any third parties acting for us or on our behalf (hereinafter collectively "us", "we", or "our"), may obtain a credit report or other credit information from any credit reporting agency, credit bureau, or credit grantor, and may hold, use, exchange and disclose such information for the purposes identified above. If your application is approved, you authorize us to collect, hold, use, exchange and disclose your personal information, as required, in order to administer your contract, determine your insurance eligibility and secure the assets being financed, or as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes.

SIGNATURE OF CLIENT(S): X Date: _____