

COMMERCIAL CREDIT APPLICATION



Phone:
Fax:
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INFORMATION ON THE LESSEE

Legal name:		Source:	
Address:		City:	
Contact:		Postal Code:	
Telephone :		Fax:	
Cellular:		Email:	
Type of business:		Since:	
Name of the owner of the building:			
Address			

BANK INFORMATION

Commercial		Personal		Commercial		Personal	
Name:				Name:			
Address:				Address:			
City:				City:			
Contact:				Contact:			
Telephone:				Telephone:			
Fax:				Fax:			
Account number:				Account number:			
Line of credit (\$):				Line of credit (\$):			
Utilized (\$):				Utilized (\$):			

SUPPLIER INFORMATION

Name:			
Address:			
City :		Postal code :	
Contact:		Telephone:	
		Fax:	

EQUIPMENT (attach quote to the credit application)

Quantity	Description	Price:

PAYMENT TERMS

Total cost (\$):		Term(months):	
Deposit (\$):		Exchange value (\$):	
Amount financed (\$):		No. of payments per year:	

PERSONAL INFORMATION

Name:				Name:			
Address:				Address:			
City:				City:			
Postal code:				Postal code:			
Telephone (home):				Telephone (home):			
S.I.N.				S.I.N.			
Date of birth				Date of birth			
Owner Y/N?	Yes	No	Since:	Owner Y/N?	Yes	No	Since:
Value of Real Estate:				Value of Real Estate:			
Mortgage balance (\$):				Mortgage balance (\$):			

CONSENTMENT AND SIGNATURE

The undersigned certifies that the above information is true and correct. By signing below, I/we consent to Group CreditLease and/or its warranty obtaining from any Credit Reporting Agency or Credit Guarantor with whom the undersigned has financial relations, any information it may require at any time in connection with the credit application hereby, and consent to its full disclosure at any time.

Signature	Signature	Date:	
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SELF-EMPLOYED CREDIT APPLICATION

Source:

PERSONAL INFORMATION										EMPLOYER																			
Name :										Name:																			
Address:										Contact:																			
City:										Position:					Since:														
PO Box:										Office phone #:																			
Home Phone #:					Office phone #:					Status		Permanent			Temporary			Seasonal			Contract								
S.I.N.:										Sector of Industry if self-employed:																			
Date of birth:										Office phone #:					Since:														
Marital Status:																													
SPOUSE INFORMATION										SPOUSE EMPLOYER																			
Name:										Name:																			
Position:										Contact:																			
Status		Permanent			Temporary			Seasonal			Contract			Office phone #:					Since:										
BANK INFORMATION																													
Name:										Name:																			
Address:										Address:																			
Account #:										Account #:																			
REVENUES										SPOUSE REVENUES																			
Gross Monthly revenues:										Gross monthly revenues:																			
Other revenues:										Other revenues:																			
HOUSING																													
Tenant?		<input type="checkbox"/> Yes <input type="checkbox"/> No			Monthly rent					Owner					<input type="checkbox"/> Yes <input type="checkbox"/> No			Municipal taxes:											
ASSETS																													
Real Estate					Description - address										Loan \$					Munic.ass \$					Market value \$				
					Description																				Value \$				
Car, Recreational Vehicles:																													
Furniture:																													
Cash on hand :																													
Investments:																													
Other:																													
															TOTAL														
LIABILITIES																													
CREDITORS					Name					Original amount \$					Monthly payment \$					Balance \$									
Mortgage:																													
Vehicle loans:																													
Credit cards:																													
Other:																													
															TOTAL														
Attach quote to the credit application																													
Payment terms																													
Price:					Exchange value (\$):					Deposit (\$):					Term (months):														
CONSENTMENT AND SIGNATURE																													
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Signature:										Date																			