



CREDIT APPLICATION

Fax: 604-688-4286
Phone: 604-688-4252
Toll Free: 1-877-688-4252

VENDOR INFORMATION Name : Contact :
Phone #: Fax#: Email:
Equipment:
Cost: Down Payment: Balance to Finance: Term:
New Used Purchase Option: Yes No At Month:

COMPANY INFORMATION Legal Business Name:
Address: City:
Province: Postal Code: Phone #: Fax #:
Type of Business: Email:
Trading Years: Months: # of Employees: Structure: Incorporated Partnership Proprietorship

PERSONAL INFORMATION Last Name: First Name: Initial:
Address: City:
Province: Postal Code: Home #: Cell #:
Own Rent Other How Long Years: Months: Email:
Date of Birth mm/dd/yyyy: Social Insurance Number:
Previous Address: How Long Years: Months:
Present Employer: Position:
Address: Work #:
Name of nearest relative (not living with you): Relationship:
Address: Contact #:

SPOUSE INFORMATION Name: Cell #:
Present Employer: Position: Work #:
Gross Annual Income: Full Time Part Time Self Employed Retired Student
Date of Birth mm/dd/yyyy: Social Insurance Number:

BANK REFERENCES Bank Name: Branch:
Account #(s): How long:
Contact: Phone: Fax:

FINANCIAL SUMMARY Credit Cards: Visa MC AMEX Other If Other:
Gross Monthly Employment Income: Total Personal Debt:
Other Monthly Income: Other Monthly Income Source:
Value of Real Estate: Mortgage Debt Remaining:
Value of Other Assets/Investments: Mortgage/Rent Payment:
Gross Annual Company Revenue/Sales: Total Company Assets:
Net Annual Company Income: Total Shareholder Equity:

The undersigned certifies the above information to be true and correct. By signing below, I/we consent to the obtaining from any credit reporting agency or credit grantor, such information as may be required at any time in connection with the credit hereby applied for, and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or to any credit grantor with whom the undersigned has financial relations.

Signature of Applicant Date