



## Business Credit Application

### Company Information

T: 519-752-3974 F: 519-752-4147 info@lease-it.ca

Contact:	Title		
Tel:	Fax:	Email:	
Trade Name:	Web Site:		
Legal Form Under Which Business Operates:			
Address:	City:	Prov:	Postal:
Number Years You Have Owned This Business:		Number Employees:	

### Principal's Information

Full Legal Name:			
Home Address:	City:	Prov:	Postal:
Own:	Rent:	DOB:	SIN:

### Principal's Information

Full Legal Name:			
Home Address:	City:	Prov:	Postal:
Own:	Rent:	DOB:	SIN:

### Banking Information

Branch:	Address:
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### Financial Request Information

Vendor:	Contact:	Tel:
Address:		
Equipment Description:	Equipment Cost:	

The undersigned certifies information to be complete and correct./We the applicant, principal and/or guarantor consent to the Collection retention, exchange of information with credit reporting agencies and listed references and use and disclosure of Personal information for the purposes of credit adjudication by General Leasing and/or its Designees and/or its Funders

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signature

Date