

BUSINESS CREDIT APPLICATION



BETTER SALES | BETTER SERVICE

For Assistance 416-884-1433

LESSEE		Legal Business Name:			Contact:		Phone No.		
Operating Name (if applicable)				E-mail:			Mobile #.		
Business Street Address:				City:		Province:		Postal Code:	
Type of Business:			Web Site:		Years In Business Current Ownership:		Fax #		
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Corporation	Public: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Prov. or Local Government			
PRINCIPALS (Owners, partners, and principal officers)	Name		Date of Birth (day/mnth/yr)		SIN No.		% of Ownership	Home Phone No.	
	Home Address		City	Province	Postal Code	E-mail Address			
	Home Ownership <input type="checkbox"/> OWN <input type="checkbox"/> RENT		Home Value:		Mortg. Balance:		Monthly Payment:		
	Name		Date of Birth (day/mnth/yr)		SIN No.		% of Ownership	Home Phone No.	
	Home Address		City	Province	Postal Code	E-mail Address			
	Home Ownership <input type="checkbox"/> OWN <input type="checkbox"/> RENT		Home Value:		Mortg. Balance:		Monthly Payment:		
SUPPLIER				Dealer Name:		Contact:		Phone No.	
				Address/City/Prov/Postal Code:		E-mail Address:		Mobile No.	
EQUIPMENT							Equipment Location:		Equipment Amount \$
Quantity	Description:					Equipment Condition: Year:		New: <input type="checkbox"/> Used: <input type="checkbox"/> Hours:	
Quantity	Description:					Equipment Condition: Year:		New: <input type="checkbox"/> Used: <input type="checkbox"/> Hours:	
KEY TERMS									
Preferred Lease Term (check box) <input type="checkbox"/> 18 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months Other _____									

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X _____
Signature

Signer's Printed Name

Date

X _____
Signature

Signer's Printed Name

Date

E-mail: info@equiploop.ca