



EQUILEASE
Equipment Leasing & Financing

Credit Application Form

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Fax: 416-499-6200

Toll Free: 1-800-463-2081

Toll Free Fax: 1-866-499-6200

235 Yorkland Boulevard, Suite 1102, Toronto, Ontario M2J 4Y8

www.equilease.com

COMPANY INFORMATION

Company Legal Name _____

In Business Since _____ Type of Business _____ Corporation Proprietorship Partnership

Business Address _____

City _____ Province _____ Postal Code _____

Email _____ Business Phone _____

PRINCIPAL/PERSONAL INFORMATION

* Fill out if your business has been operating for under 3 years

* Fill out separate application for each shareholder

First Name _____ Last Name _____

Home Address _____

City _____ Province _____ Postal Code _____

Date of Birth _____

EQUIPMENT TO BE LEASED

Description of Equipment _____ New Used

Cost _____ Term _____ Vendor _____

Representative _____ Phone _____ Fax _____

The undersigned certifies that the above information to be true and correct. By signing below, I/we consent and authorize the following entity: Equilease Corporation and its representatives, at any time to obtain on an on-going basis, verify, use, communicate with and disclose to third parties (including credit reporting agencies, credit exchanges, leasing brokers, and credit grantors, on an on-going basis) any of my credit, financial, and personal information that Equilease Corporation deems necessary to complete, service or enforce any lease, ancillary deed or transaction, including but not limited to assignments and securitizations. You/we authorize us to collect, hold, and disclose your personal information as requested in order to administer your contract & determine your insurance eligibility as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes. I have read and accepted this Disclosure Statement.

Signature of Applicant _____ Title _____ Date _____