

LeaseDirect Canada Corporation

2 – 3012 17th Avenue SE, Suite 111, Calgary Alberta T2A 0P9 Tel. 403-701-5877 Fax 403-398-0174

Business Application

DATE :				
LEGAL BUSINESS NAME		OPERATING AS		YEARS IN BUSINESS
STREET ADDRESS		CITY/TOWN	PROV.	POSTAL CODE
TEL.	FAX.	CELL	MAILING ADDRESS IF DIFFERENT FROM ABOVE	
TYPE OF BUSINESS				INCORP. DATE

PRINCIPALS, OWNERS, SHAREHOLDERS

NAME	ADDRESS	SIN - -	TEL.
		DOB <small>YEAR / MONTH / DAY</small>	
NAME	ADDRESS	SIN - -	TEL.
		DOB <small>YEAR / MONTH / DAY</small>	
NAME	ADDRESS	SIN - -	TEL.
		DOB <small>YEAR / MONTH / DAY</small>	
PURPOSE FOR PURCHASE	Is this a seasonal business <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own any other business <input type="checkbox"/> Yes <input type="checkbox"/> No Will someone else be using or operating this equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other leases <input type="checkbox"/> Yes <input type="checkbox"/> No If yes with whom :	The Primary Location or Route of the Equipment will be:	
<input type="checkbox"/> Expansion <input type="checkbox"/> Replace Existing Equipment <input type="checkbox"/> New business			

TRADE REFERENCES	ADDRESS	TEL. #	FAX #
1			
2	ADDRESS	TEL. #	FAX #
3	ADDRESS	TEL. #	FAX #
BANK	BRANCH	CONTACT	TEL. #
PERSONAL BANK	BRANCH	CONTACT	TEL. #
INSURANCE CO	AGENT	TEL. #	FAX #

TOTAL PURCHASE PRICE	DOWN PYMT/TRADE VALUE	EQUIPMENT DESCRIPTION	TERM
SUPPLIER:		ADDRESS:	
TEL. #	FAX #	SALESMAN	

THE UNDERSIGNED CERTIFIES THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. WE CONSENT TO LEASEDIRECT CANADA CORPORATION AND ASSIGNS COLLECTING AND USING THIS INFORMATION IN ORDER TO DETERMINE OUR CREDIT WORTHINESS AND CONSENT TO THE DISCLOSURE AT ANY TIME OF ANY INFORMATION CONCERNING THE UNDERSIGNED TO ANY CREDIT REPORTING AGENCY OR CREDIT GRANTOR WITH WHOM THE UNDERSIGNED OR LEASEDIRECT CANADA CORPORATION HAS FINANCIAL RELATIONS.

AUTHORIZED SIGNATURE _____ DATE _____ 20 _____

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Personal Statement

NAME		S.I.N.# - -		DATE OF BIRTH <small>YEAR / MONTH / DAY</small>		# OF DEPENDANTS	
HOME ADDRESS		CITY & PROVINCE	POSTAL CODE	PHONE #		MONTHLY RENT	HOW LONG
PREVIOUS ADDRESS IF LESS THAN 2 YRS		SPOUSE'S NAME		S.I.N. # - -		DATE OF BIRTH <small>YEAR / MONTH / DAY</small>	
EMPLOYER		ADDRESS		PHONE	POSITION	HOW LONG	
PREVIOUS EMPLOYER IF LESS THAN 2 YRS.		ADDRESS		PHONE	POSITION	HOW LONG	
SPOUSES EMPLOYER		ADDRESS		PHONE	POSITION	HOW LONG	
APPLICANT SALARY	SPOUSE SALARY	OTHER INCOME & SOURCE		TOTAL INCOME			
IF YOU HAVE \$ IN OTHER INCOME (LISTED ABOVE), EXPLAIN WHERE THIS COMES FROM:							
BANK	BRANCH		CONTACT	PHONE:		FAX:	

ASSETS	VALUE	LIABILITIES	PAYMENT	BALANCE
REAL ESTATE HOME	\$	MORTGAGE	\$	\$
REAL ESTATE <small>Specify</small>	\$	MORTGAGE	\$	\$
OTHER <small>Specify</small>	\$	OTHER	\$	\$
VEHICLES (1) Year & Make	\$	LOAN <small>Specify</small>	\$	\$
(2) Year & Make	\$	LOAN <small>Specify</small>	\$	\$
CASH	\$	CREDIT CARD	\$	\$
RRSP	\$	CREDIT CARD	\$	\$
STOCKS, BONDS, ETC. <small>with</small>	\$	OTHER DEBT.	\$	\$
MISC. <small>Specify</small>	\$	PERSONAL GUARANTEES?	\$	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$	\$
			NET WORTH	\$

Prior Bankruptcy Yes No Judgement Enforcements Yes No
 Collection Activity Yes No Any other businesses Yes No

PERSONAL REFERENCES		
Name	Address	Tel
Name	Address	Tel

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APPLICANT SIGNATURE

DATE

CO-APPLICANTS SIGNATURE

DATE