

## CREDIT APPLICATION

LESSEE CORPORATE INFORMATION			
Business Legal Name:			
Operating As (Trade Name):			
Address:			
City:	Province :	Postal Code :	
Phone: (        )		Fax: (        )	
Nature of Business:		Business Start Date:	
Contact:		Email:	
Type of Business: <input type="checkbox"/> Incorporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		Website:	
Bank:			
BUSINESS OWNERSHIP INFORMATION			
Full Legal Name:		Title:	Home Phone: (        ) Cell Phone: (        )
Address:			
City:	Province :	Postal Code :	
Interest in Business (%):	Social Insurance Number :	Date of Birth: (dd/mm/yyyy)	
Full Legal Name:		Title:	Home Phone: (        ) Cell Phone: (        )
Address:			
City:	Province :	Postal Code :	
Interest in Business (%):	Social Insurance Number:	Date of Birth: (dd/mm/yyyy)	
EQUIPMENT SUPPLIER INFORMATION			
Vendor:			Contact:
Phone: (        )	Fax: (        )		Email :
Equipment Requested:			<input type="checkbox"/> New <input type="checkbox"/> Used
Amount Financed:		Term:            months	
"I certify the information on this application to be true and correct. In connection with my application for credit, and by signing below, I understand that an investigative inquiry is to be made on myself, including, but not limited to my consumer credit history. I understand that the information and reports developed will include my personal credit history. I further understand that for purposes of this inquiry, various sources will be contacted to provide information, including but not limited to various Federal, state, municipal, corporate, private and other agencies, which may maintain records concerning my current and past activities relating to my personal credit performance. I hereby authorize without reservation any company, agency, party or other source contacted to furnish the above information as requested. I do hereby release, discharge and indemnify 8127034 Canada Inc DBA Plan B Capital Group, its agents and affiliates and or/any person, credit agency, lease broker(s) or credit grantor to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses arising from the retrieving and reporting of the requested information. I am willing and acknowledge that a photocopy or fax of this authorization be accepted with the same authority as the original and this signed release expires one (1) year after the date of origination. I have read, understand and agree with the above terms and conditions."			
Authorized Signature: <b>X</b>		Name (Please Print):	Date:
Authorized Signature: <b>X</b>		Name (Please Print):	Date: