



Credit Application Form

Equilease Corp.
41 Scarsdale Road Unit 5
Toronto, Ontario M3B 2R2

COMPANY

Company Legal Name _____ Operating As _____
In Business Since _____ Corporation Proprietorship Partnership
Address _____ City _____ Province _____ Postal Code _____
Website _____ Email _____
Business Phone _____ Cell Phone _____
Nature of Business _____ Average Monthly Income \$ _____

Principal/Personal Information

* Only fill out if you are a sole proprietorship
* Only fill out if you have been in business for 3 years or less

First Name _____ Last Name _____
Date of Birth _____ SIN# _____
Address _____ City _____ Province _____ Postal Code _____
Duration at current address? _____ Own or Rent _____ Value \$ _____
Home Phone _____ Cell Phone _____ Email _____

Equipment To Be Leased

Description Including Year, Make, Model _____ 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. We acknowledge that you or your financing partners may transfer and store information to jurisdictions where you or your financing partners do business. As a result, information may be accessible to regulatory authorities in accordance with the laws of these jurisdictions. 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 _____