



CORPORATE CREDIT APPLICATION

NL Account Manager

Phone #

Fax #

Peter Cyr

Pager 1-800-238-3521

1-877-284-3009

1. DETAILS OF TRANSACTION

Date	Equipment		
Vendor	Fax #	Sales Rep	
Invoice (before Taxes)	Term	Phone #	
Additional Information			

2. COMPANY HISTORY

Full Legal Name			Can we contact the customer?	
			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Operating Name			<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated/Limited	
Physical Address			Contact	
Website:			Phone #	
Email Address:			Fax#	
City	Province	Postal Code	Type of Business	Yrs in Business

Note: If a proprietorship, or partnership, or in business less than 3 yrs under current name, please complete below

Principals	Name	Social Insurance Number	Date of Birth		
			MM	DD	YY
1.					
2.					

3. BANK REFERENCE

Bank Name	Branch	How Long
Contact	Phone #	Account No.

I/We, the applicant, principal and/or guarantor, consent to:

- * the collection, use and disclosure of personal information for the purposes of credit adjudication by the lessor and its funders and to enable the Lessor and its assignees to provide leasing services and
- * the Lessor and its funders obtaining information from credit reporting agencies and listed references in connection with this application

Verbal Consent

**** NOTE for all applications requiring personal data, the applicant must sign this form, or if taken via telephone the above consent statement must be read to applicant and their verbal consent must be obtained

Signature of Applicant: _____

Date: _____