

Credit Application Form

Phone: 1-855-855-0233

Web: www.commercialfinancingexpress.com



Please email the completed form to info@commercialfinancingexpress.com

PRINCIPAL(S)/OWNER(S) INFORMATION

1) FULL NAME – PRIMARY APPLICANT		DATE OF BIRTH (D/M/Y)	EMAIL	YEARS AS OWNER	% OF OWNERSHIP
HOME ADDRESS		CITY	PROVINCE	POSTAL CODE	HOME PHONE
2) FULL NAME – SECONDARY APPLICANT	IS SPOUSE OF ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH (D/M/Y)	EMAIL	YEARS AS OWNER	% OF OWNERSHIP
HOME ADDRESS		CITY	PROVINCE	POSTAL CODE	HOME PHONE

BUSINESS INFORMATION

FULL LEGAL NAME OF BUSINESS		OPERATING NAME		WEBSITE	
BUSINESS ADDRESS OR MAILING ADDRESS		CITY	PROVINCE	POSTAL CODE	OFFICE PHONE
PRIMARY PLACE OF OPERATIONS (IF DIFFERENT)		CITY	PROVINCE	POSTAL CODE	OFFICE PHONE
CONTACT		POSITION HELD		EMAIL	PHONE
TYPE OF BUSINESS		DATE OF INCORPORATION	YEAR END DATE	# OF EMPLOYEES	

REFERENCES

1) TRADE REFERENCE	ADDRESS	EMAIL	PHONE
2) TRADE REFERENCE	ADDRESS	EMAIL	PHONE
3) TRADE REFERENCE	ADDRESS	EMAIL	PHONE
BANK	BRANCH ADDRESS	CONTACT	PHONE
ACCOUNTANT	CONTACT	# OF YEARS	PHONE
INSURANCE COMPANY	AGENT	EMAIL	PHONE

CLOSING INFORMATION

PURPOSE OF PURCHASE (CHECK ALL THAT APPLY) <input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> EXPANSION <input type="checkbox"/> REPLACE EXISTING EQUIPMENT <input type="checkbox"/> REFINANCE EQUIPMENT IF SO, BALANCE OUTSTANDING: \$ _____		DETAILS <input type="checkbox"/> YES <input type="checkbox"/> NO IS THIS A SEASONAL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU OWN ANY OTHER BUSINESSES? <input type="checkbox"/> YES <input type="checkbox"/> NO WILL SOMEONE ELSE BE OPERATING THIS EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE ANY OTHER LEASES? IF SO, WITH WHOM? _____			
PRIMARY LOCATION OR ROUTE OF LEASED EQUIPMENT			HOW DID YOU HEAR ABOUT US?		
TOTAL PURCHASE PRICE \$	DOWN PAYMENT/TRADE VALUE \$	DESCRIPTION OF EQUIPMENT (MILEAGE, REFURBISHMENTS, WARRANTY, ACCESSORIES OR ATTACHMENTS)			TERM
SUPPLIER/VENDOR NAME	SUPPLIER/VENDOR ADDRESS		CONTACT	EMAIL	PHONE

THE ASSETS I PROPOSE TO LEASE WILL NOT BE USED FOR FARMING PURPOSES. THE UNDERSIGNED CERTIFIES THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. WE CONSENT TO ACCESS LEASING ACCEPTANCE CORP. COLLECTING AND USING THIS INFORMATION IN ORDER TO DETERMINE OUR CREDIT WORTHINESS BY CREDIT BUREAU REPORT 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 ACCESS LEASING ACCEPTANCE CORP. HAS FINANCIAL RELATIONS. I ACKNOWLEDGE THAT IF I HAVE ANY QUESTIONS REGARDING THIS INFORMATION I MAY CONTACT THE OFFICES OF ACCESS LEASING ACCEPTANCE CORP. AT #100, 71 CORRIVEAU AVE., ST. ALBERT, ALBERTA, T8N 5A3, CANADA BY PHONE AT: 1-587-705-0860, OR BY EMAIL AT: CREDIT@ACCESSLEASING.CA.

SIGNATURE OF APPLICANT 1

DATE

SIGNATURE OF APPLICANT 2

DATE

ADDITIONAL DOCUMENTS ATTACHED: COPY OF GOVERNMENT ISSUED PHOTO ID (BOTH SIDES)
 BUSINESS FINANCIAL STATEMENTS (PROJECTIONS), AS APPLICABLE

INCOME VERIFICATION/ EMPLOYMENT CONTRACT
 VENDOR (EQUIPMENT) INVOICE/APPRaisal

Credit Application Form

Phone: 1-855-855-0233

Web: www.commercialfinancingexpress.com



Please email the completed form to info@commercialfinancingexpress.com

PERSONAL INFORMATION

FULL NAME – PRIMARY APPLICANT		S.I.N. #	DATE OF BIRTH (D/M/Y)	# OF DEPENDANTS	NAME OF SPOUSE
HOME ADDRESS		CITY	PROVINCE	POSTAL CODE	HOME PHONE
PREVIOUS ADDRESS IF LESS THAN 2 YEARS		CITY	PROVINCE	POSTAL CODE	DATE MOVED (D/M/Y)
EMPLOYER	ADDRESS	PHONE	POSITION HELD	YEARS IN POSITION	
PREVIOUS EMPLOYER IF LESS THAN 2 YEARS	ADDRESS	PHONE	POSITION HELD	YEARS IN POSITION	
SPOUSE'S EMPLOYER	ADDRESS	PHONE	POSITION HELD	YEARS IN POSITION	
PRIMARY APPLICANT'S ANNUAL SALARY \$	SPOUSE'S ANNUAL SALARY \$	OTHER INCOME \$	TOTAL INCOME \$		
IF YOU HAVE INDICATED 'OTHER INCOME' (ABOVE), PLEASE EXPLAIN WHERE THIS COMES FROM:					

HOLDINGS

ASSETS	VALUE	LIABILITIES	MONTHLY PAYMENT	BALANCE OUTSTANDING
<u>REAL ESTATE (1)</u> HOME	\$	<u>MORTGAGE (1)</u> SPECIFY: _____	\$	\$
<u>REAL ESTATE (2)</u> SPECIFY: _____	\$	<u>MORTGAGE (2)</u> SPECIFY: _____	\$	\$
<u>OTHER</u> SPECIFY: _____	\$	<u>OTHER</u> SPECIFY: _____	\$	\$
<u>VEHICLE (1)</u> YEAR & MAKE: _____	\$	<u>LOAN (1)</u> SPECIFY: _____	\$	\$
<u>VEHICLE (2)</u> YEAR & MAKE: _____	\$	<u>LOAN (2)</u> SPECIFY: _____	\$	\$
CASH	\$	<u>CREDIT CARD (1)</u> SPECIFY: _____	\$	\$
RRSP	\$	<u>CREDIT CARD (2)</u> SPECIFY: _____	\$	\$
<u>STOCKS, BONDS, ETC</u> WITH: _____	\$	<u>OTHER DEBT</u> SPECIFY: _____	\$	\$
<u>MISCELLANEOUS</u> SPECIFY: _____	\$	<u>PERSONAL GUARANTEES</u> SPECIFY: _____	\$	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$	\$
<input type="checkbox"/> YES <input type="checkbox"/> NO PRIOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO COLLECTION ACTIVITY? <input type="checkbox"/> YES <input type="checkbox"/> NO JUDGEMENT ENFORCEMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE ANY OTHER BUSINESSES? <input type="checkbox"/> IF SO SPECIFY: _____			NET WORTH	\$

PERSONAL REFERENCES

1) FULL NAME	ADDRESS	RELATIONSHIP	PHONE
2) FULL NAME	ADDRESS	RELATIONSHIP	PHONE

THE ASSETS I PROPOSE TO LEASE WILL NOT BE USED FOR FARMING PURPOSES. THE UNDERSIGNED CERTIFIES THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. WE CONSENT TO ACCESS LEASE ACCEPTANCE CORP. COLLECTING AND USING THIS INFORMATION IN ORDER TO DETERMINE OUR CREDIT WORTHINESS BY CREDIT BUREAU REPORT 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 ACCESS LEASE ACCEPTANCE CORP. HAS FINANCIAL RELATIONS. I ACKNOWLEDGE THAT IF I HAVE ANY QUESTIONS REGARDING THIS INFORMATION I MAY CONTACT THE OFFICES OF ACCESS LEASE ACCEPTANCE CORP. AT #100, 71 CORRIVEAU AVE., ST. ALBERT, ALBERTA, T8N 5A3, CANADA BY PHONE AT: 1-887-705-0860, OR BY EMAIL AT: CREDIT@ACCESSLEASING.CA.

PRIMARY APPLICANT SIGNATURE _____

DATE _____