# AFGL logo BWTel: (905) 660-3660 Toll Free: (877) 660-3660

**Fax: (905) 660-3078 Toll Free: (877) 660-3078**

**Web Site:** [**www.alliancefinancing.com**](http://www.alliancefinancing.com)

**BUSINESS LEASE CREDIT APPLICATION**

**Please fill out completely, sign, date and fax to our Credit Processing Centre at the above fax number**

|  | | | | | | | **ALLIANCE REP:** | | | | | | | | | | **Scott Hinsperger: shinsperger@alliancefinancing.com** | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equipment Supplier** | | | | | | | | | | | | | | | | | | | | | | | Term Requested | | | | | | | | | Amount $ | | | | | | | | | Code |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  |
| Contact | | | | | Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NEW | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | USED | |
| Phone |  | | | | Fax | | | | | | | |  | | | | | | | | | | | Email | | | | | | | | | | | | | | | | | |
| **COMPANY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Business Legal Name** | | | | | | | | | | | | | | Operating As (Trade Name) | | | | | | | | | | | | | | | | | | | | | Phone | | | |  | | |
| Address | | | | | | | | | | City | | | | | | | | | Prov | | | | | | | | Postal | | | | | | | | Fax | | | |  | | |
| Description of Business | | | | | | | | | | | | | | | | Contact | | | | | | | | | | | | | | | Email | | | | | | | | | | |
| **Business Start Date** | | | Structure | | | | | | | | Incorporated | | | | | | | Partnership | | | | | | | | | | | | Proprietorship | | | | | | | Other | | | | |
| **Location of Equipment:**  **Same as Above** | | **Actual Equipment Location (If different)**  Address | | | | | | | | | | | | | | | | | | | | City | | | | | | | | | | | Prov | | | | | | Postal | | |
| **Insurance Broker:** | | | | | | | | | | | | Contact: | | | | | | | | | | | | | Phone | | | | |  | | | | | | Fax | | |  | | |
| **Landlord:** | | | | | | | | | | | | Contact: | | | | | | | | | | | | | Phone | | | | |  | | | | | | Fax | | |  | | |
| **PRINCIPALS OF THE COMPANY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Legal Name** | | | | Title | | | | | | | | | | | Interest in Business (%) | | | | | | | | | | | **SIN#** | | | | | | | | | | | **Date of Birth** | | | | |
| Address | | | | | | | | City | | | | | | | | | | | | Prov. | | | | | | | | | Postal | | | | | Phone | | | | | | | |
| **Legal Name** | | | | Title | | | | | | | | | | | Interest in Business (%) | | | | | | | | | | | **SIN#** | | | | | | | | | | | **Date of Birth** | | | | |
| Address | | | | | | | | | City | | | | | | | | | | | | Prov. | | | | | | | | Postal | | | | | Phone | | | | | | | |
| YOU CONFIRM THAT THE INFORMATION YOU HAVE GIVEN US IN RESPECT OF THIS APPLICATION IS TRUE AND COMPLETE, AND YOU AUTHORIZE US TO RELY ON AND USE THIS INFORMATION IN ORDER TO CONFIRM YOUR IDENTITY AND EVALUATE YOUR CREDIT WORTHINESS, IN RELATION TO THE FINANCING CONTRACT BEING ENTERED INTO. IN PARTICULAR, YOU AGREE THAT WE, OUR AFFILIATES AND ANY THIRD PARTIES ACTING FOR US OR ON OUR BEHALF (HEREINAFTER COLLECTIVELY “US”, “WE” OR “OUR”), MAY OBTAIN A CREDIT REPORT OR OTHER CREDIT INFORMATION FROM ANY CREDIT REPORTING AGENCY, CREDIT BUREAU OR CREDIT GRANTOR, AND MAY HOLD, USE, EXHANGE AND DISCLOSE SUCH INFORMATION FOR THE PURPOSES IDENTIFIED ABOVE.  IF YOUR APPLICATION IS APPROVED, YOU AUTHORIZE US TO COLLECT, HOLD, USE, EXCHANGE AND DISCLOSE YOUR PERSONAL INFORMATION, AS REQUIRED, IN ORDER TO ADMINISTER YOUR CONTRACT, DETERMINE YOUR INSURANCE ELIGIBILITY, AND SECURE THE ASSETS BEING FINANCED, OR AS REQUIRED OR PERMITTED BY LAW. YOU ALSO AUTHORIZE US TO USE YOUR PERSONAL INFORMATION FOR INTERNAL STATISTICAL ANALYSIS PURPOSES.  WE WILL KEEP A FILE CONTAINING SOME OR ALL OF YOUR PERSONAL INFORMATION AT 95 ROYAL CREST COURT, SUITE 3, MARKHAM, ONTARIO, L3R 9X5 FROM TIME TO TIME. YOU HAVE A GENERAL RIGHT TO ACCESS AND RECTIFY THE PERSONAL INFORMATION IN THIS FILE BY MAKING A WRITTEN REQUEST TO THE ABOVE ADDRESS, ATTENTION: PRIVACY OFFICE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorized Signature | | | | | | Name (Please Print) | | | | | | | | | | | | | | | | | | | | | | Title | | | | | | | | | | Date | | | |
| Authorized Signature | | | | | | Name (Please Print) | | | | | | | | | | | | | | | | | | | | | | Title | | | | | | | | | | Date | | | |