

Application for Credit

EQUIPMENT DETAILS & VENDOR INFORMATION	
Vendor	Term Requested (years or months)
Location	Equipment Description
Phone Number	Price \$
FCL Rep Leon Comer	New: <input type="checkbox"/> or Used: <input type="checkbox"/>

APPLICANT'S PERSONAL INFORMATION					
Applicant's Name (Full legal name)			No. of Dependents	Birth Date (M/D/Y)	S.I.N.
Co-Applicant's Name (Full legal name)				Birth Date (M/D/Y)	S.I.N.
Home Phone Number	Fax Number	Cell Number		Email Address	
Current Address	City	Province	Postal Code	How Long	<input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rent <input type="checkbox"/> Other
Former Address (If less than 2 years)	City	Province	Postal Code	How Long	<input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rent <input type="checkbox"/> Other

GENERAL CORPORATE INFORMATION					
Full Legal Business Name		Contact	Phone:	Fax:	
Address		City	Province	Postal Code	
Type of Entity <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other	Years in Business	# of Employees	Shareholders & Ownership %	Type of Business:	

FINANCIAL AND LENDING INFORMATION			
Name of Lead Bank	Branch Location (Branch #)	Phone Number	Nature of Dealings
Name of Lending Institution	Branch Location (Branch #)	Phone Number	Nature of Dealings
Mortgage Holder	Phone Number	Monthly Mortgage Payment \$	
Any previous dealings with FCL? <input type="checkbox"/> YES <input type="checkbox"/> NO	Any Prior repossessions? <input type="checkbox"/> YES <input type="checkbox"/> NO	Any Legal Suits? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO

IF YES to any of the above, please explain below:

PERSONAL NET WORTH				
Assets	Value	Liabilities	Monthly Payment	Balance Owning
Residence	\$	Mortgage	\$	\$
Other Real Estate	\$		\$	\$
Cash On Hand	\$	Loans	\$	\$
Personal Vehicles	\$		\$	\$
Investments & RRSP's	\$	Credit Card(s)	\$	\$
Total Assets	\$	Total Liabilities	\$	\$
(Total Assets – Total Liabilities) NET WORTH =				\$

The undersigned consents to First Capital Leasing Ltd.'s (FCL) collection, use, and disclosure to its affiliates, credit bureaus, reporting agencies, financial institutions, and businesses with whom each of the undersigned has had financial relationships and other references provided in support of this application (and disclosure by these parties to FCL), of the information provided herein and credit and financial information obtained from the above sources for the purposes of obtaining and using a credit information report and verifying current and ongoing creditworthiness of each of the undersigned and other information provided in connection with this application. FCL may disclose credit and financial information connected with this application to future creditors and lenders that request credit references. SIN's (optional) and other personal identifiers will be used solely for matching of credit bureau/reporting agency information and/or verifying the identity of the undersigned. The undersigned consents to the collection, use, and disclosure of personal information by FCL and the persons referred to in the related lease, finance or rental agreement for the above purposes and the purposes described in the related lease, finance or rental agreement.

X: _____
 Signature of Applicant

X: _____
 Signature of Co-Applicant

X: _____
 Date