

COMMERCIAL CREDIT APPLICATION



Phone:
Fax:
Email:

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INFORMATION ON THE LESSEE

Legal name:		Source:	
Address:		City:	
Contact:		Postal Code:	
Telephone :		Fax:	
Cellular:		Email:	
Type of business:		Since:	
Name of the owner of the building:			
Address			

BANK INFORMATION

Commercial		Personal		Commercial		Personal	
Name:				Name:			
Address:				Address:			
City:				City:			
Contact:				Contact:			
Telephone:				Telephone:			
Fax:				Fax:			
Account number:				Account number:			
Line of credit (\$):				Line of credit (\$):			
Utilized (\$):				Utilized (\$):			

SUPPLIER INFORMATION

Name:			
Address:			
City :		Postal code :	
Contact:		Telephone:	
		Fax:	

EQUIPMENT (attach quote to the credit application)

Quantity	Description	Price:

PAYMENT TERMS

Total cost (\$):		Term(months):	
Deposit (\$):		Exchange value (\$):	
Amount financed (\$):		No. of payments per year:	

PERSONAL INFORMATION

Name:				Name:			
Address:				Address:			
City:				City:			
Postal code:				Postal code:			
Telephone (home):				Telephone (home):			
S.I.N.				S.I.N.			
Date of birth				Date of birth			
Owner Y/N?	Yes	No	Since:	Owner Y/N?	Yes	No	Since:
Value of Real Estate:				Value of Real Estate:			
Mortgage balance (\$):				Mortgage balance (\$):			

CONSENTMENT AND SIGNATURE

The undersigned certifies that the above information is true and correct. By signing below, I/we consent to Group CreditLease and/or its warranty obtaining from any Credit Reporting Agency or Credit Guarantor with whom the undersigned has financial relations, any information it may require at any time in connection with the credit application hereby, and consent to its full disclosure at any time.

Signature	Signature	Date:	
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SELF-EMPLOYED CREDIT APPLICATION

Source:

PERSONAL INFORMATION												EMPLOYER																	
Name :												Name:																	
Address:												Contact:																	
City:												Position:						Since:											
PO Box:												Office phone #:																	
Home Phone #:				Office phone #:				Status		Permanent		Temporary		Seasonal		Contract													
S.I.N.:												Sector of Industry if self-employed:																	
Date of birth:																													
Marital Status:												Office phone #:						Since:											
SPOUSE INFORMATION												SPOUSE EMPLOYER																	
Name:												Name:																	
Position:												Contact:																	
Status		Permanent		Temporary		Seasonal		Contract										Office phone #:		Since:									
BANK INFORMATION																													
Name:												Name:																	
Address:												Address:																	
Account #:												Account #:																	
REVENUES												SPOUSE REVENUES																	
Gross Monthly revenues:												Gross monthly revenues:																	
Other revenues:												Other revenues:																	
HOUSING																													
Tenant?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Monthly rent								Owner		<input type="checkbox"/> Yes <input type="checkbox"/> No		Municipal taxes:													
ASSETS																													
Real Estate				Description - address								Loan \$				Munic.ass \$				Market value \$									
				Description																Value \$									
Car, Recreational Vehicles:																													
Furniture:																													
Cash on hand :																													
Investments:																													
Other:																													
												TOTAL																	
LIABILITIES																													
CREDITORS						Name						Original amount \$						Monthly payment \$						Balance \$					
Mortgage:																													
Vehicle loans:																													
Credit cards:																													
Other:																													
												TOTAL																	
Attach quote to the credit application																													
Payment terms																													
Price:				Exchange value (\$):				Deposit (\$):				Term (months):																	
CONSENTMENT AND SIGNATURE																													
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Signature:												Date																	