



Credit Application Form

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COMPANY

Company Legal Name _____ Operating As _____

In Business Since _____ # of Employees _____ Corporation Proprietorship Partnership

Address _____ City _____ Province _____ Postal Code _____

Website _____ Email _____

Business Phone _____ Fax _____ Cell Phone _____

Nature of Business _____ Average Monthly Income \$ _____

Principal/Personal Information

* Fill out if your business has been operating for under 5 years
* Fill out separate application for each shareholder

First Name _____ Last Name _____

Date of Birth _____ % of Ownership _____

Address _____ City _____ Province _____ Postal Code _____

How Long There? _____ Own or Rent _____ Value \$ _____

Home Phone _____ Cell Phone _____ Previous Employment _____ How Long? _____

Equipment To Be Leased

Description Including Year, Make, Model _____ New Used

Cost _____ Term _____ Vendor Cloud Hawk Security

Representative _____ Phone _____ Fax _____

The undersigned certifies that the above information to be true and correct. By signing below, I/we consent and authorize the following entity: Equilease Corporation and its representatives, at any time to obtain on an on-going basis, verify, use, communicate with and disclose to third parties (including credit reporting agencies, credit exchanges, leasing brokers, and credit grantors, on an on-going basis) any of my credit, financial, and personal information that Equilease Corporation deems necessary to complete, service or enforce any lease, ancillary deed or transaction, including but not limited to assignments and securitizations. You/we authorize us to collect, hold, and disclose your personal information as requested in order to administer your contract & determine your insurance eligibility as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes. I have read and accepted this Disclosure Statement.

Signature of Applicant _____ Title _____ Date _____