

Signature

Corporate Credit Application

Phone: 905-483-4748 Fax: 905-248-5051

Email: info@futureacceptance.ca

1. Supplier and 11	ansaction Details								
Date									
Phone Number	lumber Fax Number			Sales Rep Name:					
Equipment Description									
Term				Cost \$					
				Soft Cost	\$				
Purchase Option				Trade In	\$				
				Trade Up	\$				
				TOTAL \$					
2. Lessee Details									
Full Legal Name				Phone Number					
Operating Name				Contact					
☐ Ltd./Inc. Incorporation Date:		☐ Proprietorship* ☐ Partnership		*	*In Business under current ownership since:				
		Please complete se		ction 5	Please complete section 5				
Type of Business:						Number of Employees:			
Address:				•					
City: Province:				Postal Code:					
3. Bank Reference									
Bank:		Branch					How Long		
Contact Phone Number					Account Number				
4. Trade Reference	es								
Name & Address Contact				Phone Number					
Name & Address		Contact			Phone Number				
5. Principal/Sharel	holder Details - If Partnership	, Proprietor				rears			
1. Full Name (First, Middle,	, Last)			2. Full Name (Firs	t, Middle, Last)				
Personal Address:				Personal Address:					
Home Telephone:				Home Telephone:					
Percentage of Ownership	Social Insurance Number		Date of Birth	Percentage of Ownership	S	Social Insurance Number Date of Birt			
IAME the applicant	princiapl and/or guarantor eac	h:							
 acknowledge that prov 	iding a social insurance number is opt on, use and disclosure of personal info	ional and not a				l its funders and to enable the	e Lessor and its		
- consent to the Lessor a	and its funders obtaining information fr	om credit report	ting agencies ar	d listed reference	es in connection	with this application			
Signature		Date							

Date