



3615 - 9 Street SE
Calgary, AB T2G 3C7
Phone: (403) 216-1930 / 877-955-1930
Fax:(403) 640-1846 / 877-955-1846

COMPANY

Company Full Legal Name		
Address		
City	Province	Postal Code
Phone	Fax	Contact Person
Incorporation?	Partnership?	Proprietorship?
Length of time in business	Number of employees	Type of Business
email address	website	

If Proprietorship / Partnership or less than 3 years in business complete the following section

Owner/Principal full legal name	Social Insurance Number	Date of Birth MM/DD/YY	
	- -	/	/
Home Address	City	Province	
Own / Rent / Other	How long	Monthly Rent / Mortgage	Balance of Mortgage

EQUIPMENT DETAILS

Supplier		Phone Number	
Equipment Description			
Amount	Term Requested	New	Used

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 CREDIT WORTHINESS, IN RELATION TO THE FINANCING CONTRACT BEING ENTERED INTO IN PARTICULAR, YOU AGREE THE 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, EXCHANGE AND DISCLOSE SUCH INFORMATION FOR THE DISCLOSE SUCH INFORMATION FOR THE PURPOSE 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 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 O USE YOUR PERSONAL INFORMATION FOR INTERNAL STATISTICAL ANALYSIS PURPOSES. WE WILL KEEP A FILE CONTAINING SOME OR ALL OF YOUR PERSONAL INFORMATION AT 3615 - 9 Street SE, CALGARY, AB T2G 3C7 FROM TIME TO TIME. YOU HAVE A GENERAL RIGHT OT ACCESS AND RECTIFY THE PERSONAL INFORMATION IN THIS FILE BY MAKING A WRITTEN REQUEST TO THE ABOVE ADDRESS, ATTENTION: PRIVACY OFFICE.

Signature of Applicant

Date