

# LeaseDirect Canada Corporation

2 – 3012 17<sup>th</sup> Avenue SE, Suite 111, Calgary Alberta T2A 0P9 Tel. 403-701-5877 Fax 403-398-0174

## Business Application

|                            |             |                  |  |                     |                          |
|----------------------------|-------------|------------------|--|---------------------|--------------------------|
| <b>DATE :</b>              |             |                  |  |                     |                          |
| <b>LEGAL BUSINESS NAME</b> |             |                  | <b>OPERATING AS</b>                            |                     | <b>YEARS IN BUSINESS</b> |
| <b>STREET ADDRESS</b>      |             | <b>CITY/TOWN</b> | <b>PROV.</b>                                   | <b>POSTAL CODE</b>  | <b>CONTACT</b>           |
| <b>TEL.</b>                | <b>FAX.</b> | <b>CELL</b>      | <b>MAILING ADDRESS IF DIFFERENT FROM ABOVE</b> |                     |                          |
| <b>TYPE OF BUSINESS</b>    |             |                  |  | <b>INCORP. DATE</b> |                          |

**PRINCIPALS, OWNERS, SHAREHOLDERS**

|   |   |   |             |
|---|---|---|-------------|
| <b>NAME</b>   | <b>ADDRESS</b>  | <b>SIN</b> -   -<br><br><b>DOB</b><br><small>YEAR / MONTH / DAY</small> | <b>TEL.</b> |
| <b>NAME</b>   | <b>ADDRESS</b>  | <b>SIN</b> -   -<br><br><b>DOB</b><br><small>YEAR / MONTH / DAY</small> | <b>TEL.</b> |
| <b>NAME</b>   | <b>ADDRESS</b>  | <b>SIN</b> -   -<br><br><b>DOB</b><br><small>YEAR / MONTH / DAY</small> | <b>TEL.</b> |
| <b>PURPOSE FOR PURCHASE</b><br><input type="checkbox"/> Expansion<br><br><input type="checkbox"/> Replace Existing Equipment<br><br><input type="checkbox"/> New business | Is this a seasonal business <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Do you own any other business <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Will someone else be using or operating<br>this equipment <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Do you have any other leases <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes with whom : | <b>The Primary Location or Route of the<br/>Equipment will be:</b>      |             |

|                         |                |                |                            |
|-------------------------|----------------|----------------|----------------------------|
| <b>TRADE REFERENCES</b> | <b>ADDRESS</b> | <b>TEL. #</b>  | <b>FAX #</b>               |
| 1                       | <b>ADDRESS</b> | <b>TEL. #</b>  | <b>FAX #</b>               |
| 2                       | <b>ADDRESS</b> | <b>TEL. #</b>  | <b>FAX #</b>               |
| 3                       | <b>ADDRESS</b> | <b>TEL. #</b>  | <b>FAX #</b>               |
| <b>BANK</b>             | <b>BRANCH</b>  | <b>CONTACT</b> | <b>TEL. #</b> <b>FAX #</b> |
| <b>PERSONAL BANK</b>    | <b>BRANCH</b>  | <b>CONTACT</b> | <b>TEL. #</b> <b>FAX #</b> |
| <b>INSURANCE CO</b>     | <b>AGENT</b>   | <b>TEL. #</b>  | <b>FAX #</b>               |

|                             |                              |                              |             |
|-----------------------------|------------------------------|------------------------------|-------------|
| <b>TOTAL PURCHASE PRICE</b> | <b>DOWN PYMT/TRADE VALUE</b> | <b>EQUIPMENT DESCRIPTION</b> | <b>TERM</b> |
| <b>SUPPLIER:</b>            |                              | <b>ADDRESS:</b>              |             |
| <b>TEL. #</b>               | <b>FAX #</b>                 | <b>SALESMAN</b>              |             |

THE UNDERSIGNED CERTIFIES THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. WE CONSENT TO LEASEDIRECT CANADA CORPORATION AND ASSIGNS COLLECTING AND USING THIS INFORMATION IN ORDER TO DETERMINE OUR CREDIT WORTHINESS AND CONSENT TO THE DISCLOSURE AT ANY TIME OF ANY INFORMATION CONCERNING THE UNDERSIGNED TO ANY CREDIT REPORTING AGENCY OR CREDIT GRANTOR WITH WHOM THE UNDERSIGNED OR LEASEDIRECT CANADA CORPORATION HAS FINANCIAL RELATIONS.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ 20 \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ 20 \_\_\_\_\_

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## Personal Statement

|   |               |                       |             |  |          |  |          |
|---|---------------|-----------------------|-------------|--|----------|--|----------|
| NAME  |               | S.I.N.#<br>- -        |             | DATE OF BIRTH<br><small>YEAR / MONTH / DAY</small> |          | # OF DEPENDANTS                                    |          |
| HOME ADDRESS  |               | CITY & PROVINCE       | POSTAL CODE | PHONE #  |          | MONTHLY RENT                                       | HOW LONG |
| PREVIOUS ADDRESS IF LESS THAN 2 YRS   |               | SPOUSE'S NAME         |             | S.I.N. #<br>- -                                    |          | DATE OF BIRTH<br><small>YEAR / MONTH / DAY</small> |          |
| EMPLOYER  |               | ADDRESS               |             | PHONE  | POSITION | HOW LONG   |          |
| PREVIOUS EMPLOYER IF LESS THAN 2 YRS.   |               | ADDRESS               |             | PHONE  | POSITION | HOW LONG   |          |
| SPOUSES EMPLOYER  |               | ADDRESS               |             | PHONE  | POSITION | HOW LONG   |          |
| APPLICANT SALARY  | SPOUSE SALARY | OTHER INCOME & SOURCE |             | TOTAL INCOME                                       |          |  |          |
| IF YOU HAVE \$ IN OTHER INCOME (LISTED ABOVE), EXPLAIN WHERE THIS COMES FROM: |               |                       |             |  |          |  |          |
| BANK  | BRANCH        |                       | CONTACT     | PHONE:   |          | FAX:   |          |

| ASSETS                                     | VALUE     | LIABILITIES                    | PAYMENT          | BALANCE   |
|--|-----------|--------------------------------|------------------|-----------|
| REAL ESTATE HOME                           | \$        | MORTGAGE                       | \$               | \$        |
| REAL ESTATE<br><small>Specify</small>      | \$        | MORTGAGE                       | \$               | \$        |
| OTHER<br><small>Specify</small>            | \$        | OTHER                          | \$               | \$        |
| VEHICLES (1) Year & Make                   | \$        | LOAN<br><small>Specify</small> | \$               | \$        |
| (2) Year & Make                            | \$        | LOAN<br><small>Specify</small> | \$               | \$        |
| CASH                                       | \$        | CREDIT CARD                    | \$               | \$        |
| RRSP                                       | \$        | CREDIT CARD                    | \$               | \$        |
| STOCKS, BONDS, ETC.<br><small>with</small> | \$        | OTHER DEBT.                    | \$               | \$        |
| MISC.<br><small>Specify</small>            | \$        | PERSONAL GUARANTEES?           | \$               | \$        |
| <b>TOTAL ASSETS</b>                        | <b>\$</b> | <b>TOTAL LIABILITIES</b>       | <b>\$</b>        | <b>\$</b> |
|  |           |                                | <b>NET WORTH</b> | <b>\$</b> |

Prior Bankruptcy Yes  No      
 Judgement Enforcements Yes  No   
 Collection Activity Yes  No      
 Any other businesses Yes  No

|                            |         |     |
|----------------------------|---------|-----|
| <b>PERSONAL REFERENCES</b> |         |     |
| Name                       | Address | Tel |
| Name                       | Address | Tel |

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\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CO-APPLICANTS SIGNATURE**

\_\_\_\_\_  
**DATE**