

<b>Vendor</b>		<b>Contact/ Title</b>	<b>Phone</b>	<b>Fax</b>
<b>LEGAL NAME AND OPERATING NAME</b>			<b>Contact / Title</b>	
			<b>EMAIL</b>	
<b>Address (head office)</b>				
<b>Phone</b>	<b>CELL</b>	<b>Fax</b>	<b>Industry</b>	<b>Years in business</b>

## TRANSACTION

<b>DESCRIPTION OF THE EQUIPMENT:</b>						
<b>ÉQUIPEMENT:</b>	<b>COST/AMOUNT</b>	<b>TERM</b>	<b>MONTHLY PAYMENT</b>	<b>FIRST PAYMENT</b>	<b>IF USED YEAR:</b>	
<input type="checkbox"/> <b>NEW</b>						

## INFORMATION DES ACTIONNAIRES / PROPRIÉTAIRES

<b>(1) Name</b>				<b>Social insurance number (SIN)</b>		<b>Date of Birth (DOB)</b>	
<b>(1) ADDRESS, CITY, PROVINCE, POSTAL CODE</b>							
<b>OWN</b>	<b>RENT</b>	<b>OTHER</b>	<b>IF OTHER:</b>	<b>MONTHLY INCOME</b>	<b>PHONE</b>	<b>CELL PHONE</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>(2) NAME</b>				<b>Social insurance number (SIN)</b>		<b>Date of Birth (DOB)</b>	
<b>(2) ADDRESS, CITY, PROVINCE, POSTAL CODE</b>							
<b>OWN</b>	<b>RENT</b>	<b>OTHER</b>	<b>IF OTHER:</b>	<b>MONTHLY INCOME</b>	<b>PHONE</b>	<b>CELL PHONE</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

The applicant warrants that all above information is correct. He/she authorizes the lessor and any other financial institution related to the lessor to obtain information from appropriate credit agency for the purposes of this transaction and/or for its review. He /s he also authorizes the latter to provide such information to any credit agency, financial institution, or any other sources for the purposes of this credit application.

<b>SIGNATAIRE (1)</b>	<b>Date:</b>	<b>SIGNATAIRE (2)</b>	<b>Date:</b>