

Date of Birth:

CREDIT APPLICATION

Complete in block letters

Nathan Banton, Account Manager

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LESSEE INFORMATION Email: Nathan.banton@hitachicapital.ca Legal Name: Source: Address: Telephone: City/Prov.: Fax: Postal Code: Cellular: Contact: Pager: Type of Business: Since: Building Owner's Name: Address: **BANK INFORMATION** (include a sample cheque) Commercial Commercial Personal Personal Name: Name: Address: Address: City/Prov/PC: City/Prov/PC: Contact: Contact: Telephone: Telephone: Fax: Fax: Account No.: Account No .: Credit Line: \$ Credit Line: \$ Utilized: Utilized: SUPPLIER INFORMATION J and J Trailers Name: Prog. No.: 345 Finchdene Square Al Abdelmalek Address: Contact: City/Prov.: SCARBOROUGH ON (416) 298-4482 Telephone: Postal Code: M1X1B9 (416) 298-4480 Fax: **EQUIPMENT DESCRIPTION** (attach quote to the credit application) Quantity Description Price **PAYMENT TERMS Total Cost:** Term (months): Deposit: **Exchange Value:** To Finance: Number of payments per year: **PERSONAL INFORMATION** Name: Name: Address: Address: City/Prov.: City/Prov.: Postal Code: Postal Code: Own: How Long: Mortgage/Rent Pmt:\$ Own: How Long: Mortgage/Rent Pmt:\$ **Outstanding Amount:\$** Market Value:\$ Outstanding Amount:\$ Market Value:\$ Mortgage/ Landlord Name Mortgage/Landlord Name Tel. (home): Tel. (home): S.I.N: S.I.N:

CONSENTMENT AND SIGNATURE: the undersigned certifies that the above information is true and correct. By signing below, I/we consent to Cle Leasing and/or its warranty obtaining from any Credit Reporting Agency or Credit Garantor with whom the undersigned has financial relations, any information it may require at any time in connection with the credit application hereby, and consent to its full disclosure at any time.

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