

INSIGHT LEASING

FAX: (416)232-1307

PHONE: (416)232-1959

COMMERCIAL CREDIT APPLICATION DATE: _____

Vendor Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ Fax: _____ Contact: _____

Detailed Equipment Description or Copy of Quotation Attached: _____

% Software: _____ % Hardware: _____
Amount: _____ Term: _____ LRF: _____ Monthly Lease Payment: _____ Purchase Option: _____

LESSEE'S INFORMATION

Company Legal Name: _____ Contact _____ Web Page: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ Fax: _____ E-mail: _____ Nature of Business: _____ Yrs. in Business: _____

Type of Business: Non-Profit Proprietorship Corporation Partnership Duns # _____

BANKING INFORMATION

(Please check) _____ Contact Name: _____
CIBC Royal Bank of Montreal TD BNS Other: _____

Address: _____ Telephone: _____ Fax: _____

Account #: _____ Account Balance: _____ NSF's: _____

Years Dealing with Bank: _____ Line of Credit: _____ If Yes, Amount Authorized: _____ Present Utilization: _____
Yes No

PRINCIPAL'S INFORMATION FOR BUSINESS UNDER 3 YEARS AND PROPRIETORSHIPS

Name: _____ Date of Birth: _____ Social Insurance Number: _____

Home Address: _____ Home Telephone: _____

City: _____ Postal Code: _____ Own Rent

How Long: _____ Monthly Income: _____ Estimated Value: _____ Mortgage Amount: _____

The undersigned certifies this above information to be true and correct.

Signature Of Applicant