

INSIGHT LEASING2 Grimsby Court
Toronto, Ontario M9A 2A5**Tel: (416) 232-1959 Fax: (416) 232-1307****INSIGHT LEASING**

CONTACT: Jim Stone

CONSUMER CREDIT APPLICATION

DATE:

Vendor Name and Address:				
Tel:	Fax:	E-mail	Contact:	
Detailed Equipment Description or Copy of Quotation Attached:			% Software _____	% Hardware _____
Purpose for Equipment:	Business Use <input type="checkbox"/>	Personal Use <input type="checkbox"/>		
Amount:	Term:	LRF:	Monthly Lease Payment:	Purchase Option:

LESSEE'S INFORMATION

Name:		Address:	
City:	Postal Code:	Date of Birth:	
Home #:	Work#:	Social Insurance Number:	

ABOUT YOUR HOME

Own <input type="checkbox"/> Rent <input type="checkbox"/>	Years at Address:	Value of Real Estate:
Monthly Mortgage or Rent:		Mortgage Amount:

ABOUT YOUR JOB

Employer:		Address:
Tel#:	Position/Title:	Gross Monthly Salary:
How Long There:	Contact Name:	Other Monthly Income:

ABOUT YOUR SPOUSE

Name:	Date of Birth:	Social Ins No:
Employer:	Gross Monthly Salary:	How Long:

BANKING INFORMATION

Name:	Branch:	
Tel:	Acct#:	Dealing Since:

The undersigned certifies this above information to be true and correct. BY SIGNING BELOW, I/WE CONSENT TO THE OBTAINING, FROM ANY CREDIT REPORTING AGENCY OR CREDIT GRANTOR, SUCH INFORMATION THAT MAY BE REQUIRED AT ANYTIME IN CONNECTION WITH THE CREDIT HEREBY APPLIED FOR, and consent to the disclosure at anytime of any information concerning the undersigned to any credit reporting agency or to any credit grantor with whom the undersigned has financial relations.

Signature Of Applicant_____
Signature of Applicant