



EXPRESS APP

Toll Free Phone: 1-877-956-0082

Toll Free Fax: 1-877-956-0083

www.calidon.ca

info@calidon.ca

Personal Net Worth and/or Financial Statements will be required for applications greater than \$30,000.00.

Date: _____

APPLICANT INFORMATION:

First / Middle / Last Name: _____ Date of Birth: _____

Type: Corporation Partnership Proprietorship Other S.I.N: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____ Years in Business: _____

Gross Yearly Revenue: \$ _____ Amount of Land: Owned: _____ Rented: _____

Secondary Income: \$ _____ Amount of Livestock: Owned: _____ Rented: _____

EQUIPMENT AND SUPPLIER:

Supplier: _____ Contact: _____

Phone: _____ Fax: _____ Other: _____

Description: Make / Model / Year _____ New Used

Equipment Value: \$ _____ Term: _____ Payment Stream: _____ Residual: \$ _____

FINANCIAL REFERENCE:

Institution: _____ Branch: _____ How Long: _____

Contact: _____ Phone: _____

Fax: _____ Other: _____

TRADE REFERENCE:

Name: _____ Contact: _____ Phone: _____

Name: _____ Contact: _____ Phone: _____

By signing below, I consent to the obtaining, from any credit reporting agency grantor, such information as Calidon Equipment Leasing may require at any time in connection with the credit hereby applied for and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or to any credit grantor with whom the undersigned has financial relations.

Crop Insurance: Yes No

How did you hear about Calidon Equipment Leasing?

Signature: _____ Date: _____