



# CREDIT APPLICATION

## COMMERCIAL USE

**TOLL FREE PHONE: 1-877-956-0082**

**TOLL FREE FAX: 1-877-956-0083**

**www.calidon.ca**

**info@calidon.ca**

### A. GENERAL BUSINESS

Operating Name:			Contact:		
Phone:		Fax:		Other:	
Type: <input type="checkbox"/> Corporation	Date Incorporated:	<input type="checkbox"/> Proprietorship	Under current ownership since:		
Nature of Business:		<input type="checkbox"/> Partnership	<i>(Please complete Section E if less than 2 years)</i>		
Number of Employees:	Fiscal year Ending:	Business Premises: <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Address:		City:	Prov:	Postal Code:	

### B. EQUIPMENT AND SUPPLIER

Supplier Name and Address:			Contact:		
Phone:		Fax:		Other:	
Equipment Description: Make / Model / Year					<input type="checkbox"/> New <input type="checkbox"/> Used
Equipment Value: \$	Trade In: \$	Is the equipment affixed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Soft Cost: \$	Trade Up: \$	For Income Purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No		Term:	
Payment Stream:		Amount of First Payment: \$		Residual Value: \$	

### C. FINANCIAL

Institution:		Branch:		How Long:	
Address:			Contact:		
Phone:		Fax:		Other:	

### D. TRADE REFERENCE

Name and Address:		Contact:		Phone:	
Name and Address:		Contact:		Phone:	

### E. PRINCIPAL DETAILS (IF PARTNERSHIP OR PROPRIETORSHIP)

Name:		% of Ownership:		Name:		% of Ownership:			
Date of Birth:		S.I.N.:		Date of Birth:		S.I.N.:			
Res. Address:			<input type="checkbox"/> Own <input type="checkbox"/> Rent		Res. Address:			<input type="checkbox"/> Own <input type="checkbox"/> Rent	
City:			Prov:		City:			Prov:	
Postal Code:		Phone:			Postal Code:		Phone:		
Fax:		Other:			Fax:		Other:		

I/We, the applicant and/or guarantor, consent to: The collection, use and disclosure of personal information for the purposes of credit adjunction by the Lessor and its funders to enable the Lessor and its assignees to provide leasing services; and The Lessor and its funders obtaining information from credit reporting agencies and listed references in connection with this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about Calidon Equipment Leasing?