

BUSINESS LEASE CREDIT APPLICATION

Please fill out completely, sign, date and fax to our Credit Processing Centre at the above fax number

ALLIANCE REP:		Scott Hinsperger: shinsperger@alliancefinancing.com		
Equipment Supplier		Term Requested	Amount \$	Code
Contact	Equipment			NEW <input type="checkbox"/>
				USED <input type="checkbox"/>
Phone	Fax	Email		

COMPANY INFORMATION

Business Legal Name		Operating As (Trade Name)			Phone
Address		City	Prov	Postal	Fax
Description of Business			Contact	Email	
Business Start Date	Structure	<input type="checkbox"/> Incorporated	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Other
Location of Equipment: <input type="checkbox"/> Same as Above	Actual Equipment Location (If different) Address		City	Prov	Postal
Insurance Broker:	Contact:	Phone		Fax	
Landlord:	Contact:	Phone		Fax	

PRINCIPALS OF THE COMPANY

Legal Name	Title	Interest in Business (%)	SIN#	Date of Birth
Address	City	Prov.	Postal	Phone
Legal Name	Title	Interest in Business (%)	SIN#	Date of Birth
Address	City	Prov.	Postal	Phone

YOU CONFIRM THAT THE INFORMATION YOU HAVE GIVEN US IN RESPECT OF THIS APPLICATION IS TRUE AND COMPLETE, AND YOU AUTHORIZE US TO RELY ON AND USE THIS INFORMATION IN ORDER TO CONFIRM YOUR IDENTITY AND EVALUATE YOUR CREDIT WORTHINESS, IN RELATION TO THE FINANCING CONTRACT BEING ENTERED INTO. IN PARTICULAR, YOU AGREE THAT WE, OUR AFFILIATES AND ANY THIRD PARTIES ACTING FOR US OR ON OUR BEHALF (HEREINAFTER COLLECTIVELY "US", "WE" OR "OUR"), MAY OBTAIN A CREDIT REPORT OR OTHER CREDIT INFORMATION FROM ANY CREDIT REPORTING AGENCY, CREDIT BUREAU OR CREDIT GRANTOR, AND MAY HOLD, USE, EXCHANGE AND DISCLOSE SUCH INFORMATION FOR THE PURPOSES IDENTIFIED ABOVE.

IF YOUR APPLICATION IS APPROVED, YOU AUTHORIZE US TO COLLECT, HOLD, USE, EXCHANGE AND DISCLOSE YOUR PERSONAL INFORMATION, AS REQUIRED, IN ORDER TO ADMINISTER YOUR CONTRACT, DETERMINE YOUR INSURANCE ELIGIBILITY, AND SECURE THE ASSETS BEING FINANCED, OR AS REQUIRED OR PERMITTED BY LAW. YOU ALSO AUTHORIZE US TO USE YOUR PERSONAL INFORMATION FOR INTERNAL STATISTICAL ANALYSIS PURPOSES.

WE WILL KEEP A FILE CONTAINING SOME OR ALL OF YOUR PERSONAL INFORMATION AT 55 ADMINISTRATION ROAD, SUITE 11, VAUGHAN, ONTARIO, L4K 4G9 FROM TIME TO TIME. YOU HAVE A GENERAL RIGHT TO ACCESS AND RECTIFY THE PERSONAL INFORMATION IN THIS FILE BY MAKING A WRITTEN REQUEST TO THE ABOVE ADDRESS, ATTENTION: PRIVACY OFFICE.

Authorized Signature	Name (Please Print)	Title	Date
Authorized Signature	Name (Please Print)	Title	Date