

Lease Application for Professionals

PERSONAL INFORMATION		
Legal Birth Name:		
Residence:		
City:	Prov:	PC:
Res Ph:		
Prev Res:		
S.I.N.:	Birthdate: / /19	

PROFESSIONAL INFORMATION		
Profession:		
Univ:	Yr:	Degree:
Business Name:		
Address:		
City:	Prov:	PC:
Ph:	Fax:	
# of Yrs at Address:	# of Yrs in Practice:	
In Partnership <input type="checkbox"/> In Associateship <input type="checkbox"/> Joint Lease <input type="checkbox"/>		
If Applicable Partners -		
<ol style="list-style-type: none"> ① ② ③ ④ ⑤ 		
Accountant:		
Accountant's Ph:		

EQUIPMENT INFORMATION	
Supplier:	
Description:	\$
	\$
	\$
	\$
	\$
	\$
Cost	\$

LEASE TERMS	
Term (in months)	
No of Rentals	
Delivery Date	
Rental Amount (approx)	
Lease Deposit is - and is included with this application (applicable towards 1st rental).	\$

FINANCIAL INFORMATION	
Current Monthly Gross	\$
Current Monthly Expense	\$
Fiscal Year End:	
Year of F/S att. 200__, 200__, 200__ Pers Statement att. <input type="checkbox"/>	
Bank:	Br:
Ph:	Acct Mgr:
Landlord:	

PERSONAL INFORMATION You confirm that the information you have given us in respect of this statement is true and complete, and you authorize us to rely on and use this information in order to confirm your identity, evaluate your credit worthiness, in relation to the financing contract being entered into. In particular, you agree that we and any third parties acting as funder 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 122 Lower Horning Rd, Hamilton, ON L8S 2H6 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

I also confirm that the above is a true statement of my assets and liabilities as at...Month.....the...Day.....20...

Signature.....Date.....