



LEASING APPLICATION FOR CREDIT

Tel # 647-990-0007

Fax # 1-888-671-7261

Email: TORONTO@LEGACYFINANCING.CA

LESSEE	Legal Business Name		Contact		Phone No.		
	Operating Name (if applicable)			E-mail		Mobile #.	
Business Street Address/		City		Province		Postal Code	
Type of Business				Years In Business Current Ownership		Fax #	
APPLICATIONTYPE	Sole Proprietorship	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	
				Limited Liability Company		<input type="checkbox"/>	
						Prov. or Local Government	
PRINCIPALS (Owners, partners, and principal officers)	Name		Date of Birth (day/mnth/yr)	SIN No.		% of Ownership	
	Home Address		City	Province	Postal Code	E-mail Address	
	Home Ownership OWN <input type="checkbox"/> RENT <input type="checkbox"/>		Home Value:		Mortg. Balance:		Monthly Payment:
	Name		Date of Birth (day/mnth/yr)	SIN No.		% of Ownership	Home Phone No.
	Home Address		City	Province	Postal Code	E-mail Address	
	Home Ownership OWN <input type="checkbox"/> RENT <input type="checkbox"/>		Home Value:		Mortg. Balance:		Monthly Payment:
SUPPLIER	Dealer Name			Contact		Phone No.	
	Address/City/Prov/Postal Code			E-mail Address		Fax No.	
EQUIPMENT (Join Submission)	Equipment Location					Equipment Amount \$	
Quantity	Make and Model		New <input type="radio"/>	Used <input type="radio"/>	Year	Mileage	
			<input type="radio"/>	<input type="radio"/>			
Quantity	Make and Model		New <input type="radio"/>	Used <input type="radio"/>	Year	Mileage	
			<input type="radio"/>	<input type="radio"/>			
KEY TERMS	Preferred Lease Term (check box)		Cash Down : <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months Other				

The undersigned attests that information above is true and complete by signing below. I confirm/we confirm that LEGACY FINANCING, Affiliated Financial Services Inc. and its affiliates and (or) third party providers and (or) any financial institution chosen (collectively referred to as "AFS") can collect, use and rely on such commercial and/or personal information to confirm my identity, evaluate my credit worthiness and the risks in relation to the financing being requested and to comply with its legal and regulatory obligations. The undersigned allow AFS to get from any credit agency or lending company commercial information and/or personal information which could be required with respect to this credit application, including a credit bureau. I/we confirm also that AFS may disclose commercial and/or personal information related to the undersigned to any credit agency or lending company with which it maintains financial relationship. The undersigned recognizes that AFS will keep a file containing some or all of my personal information, whether or not the requested credit is granted. The undersigned understands that he has a general right to access and rectify the personal information on this file by making a written request to Legacy Finance / AFS.

X

Signature

Signer's Printed Name

Date

X

Signature

Signer's Printed Name

Date