

Full Circle Lease Program
Equipment leasing made easy

Fax Credit Application to: 1-905-637-2009 Attention: Tiffany

Credit Application
Full Circle Equipment Rental Program

Dealer _____ Phone _____ Fax _____ Contact: _____

Equipment Description _____

Product Code _____ Payment _____ Date _____

Customer's Business Information

Company Name _____ Contact _____

Address _____ City _____

Prov _____ Postal Code _____ Phone _____ Fax _____

Type of Bus. _____ Yrs in Bus. _____ # of Employees _____ Website _____

Other Information _____

Principal Information (If needed)

Full Name _____ S.I.N. _____ Birthdate ____/____/____
day/month/year

Address _____ City _____

Prov _____ Postal Code _____ Phone _____ Fax _____

How Long _____ Own/Rent? _____ Value of Home _____ Mortgage _____

Commercial Trade References

Suppliers Name _____ Phone _____ Fax _____ Contact _____

Name _____ Phone _____ Fax _____ Contact _____

Banking Information

Bank _____ Branch _____

Acct Mgr _____ Phone _____ Fax _____ How Long? _____

The undersigned certifies the above information to be complete and correct. The applicant or principal consents to: the collection, retention, use and disclosure of personal information, for credit adjudication and provision of leasing services, by our leasing partners and their funders; and our leasing partners and their funders exchanging information with credit reporting agencies and credit references provided in connection with this application.

Signature _____ Date _____

Specialists in providing business capital to companies and proprietors