

PLEASE FAX COMPLETED APPLICATION TO:

VENDOR NAME / NUMBER		CONTACT NAME & TITLE		TEL NUMBER	FAX NUMBER
CUSTOMER INFORMATION					
CUSTOMER'S FULL LEGAL NAME – INCLUDE TRADE NAME				EMAIL ADDRESS	
				CONTACT NAME & TITLE	
CUSTOMER'S ADDRESS (HEAD OFFICE)					
PHONE NUMBER	CELL NUMBER	FAX NUMBER	YEARS IN BUSINESS	TYPE OF BUSINESS / SIC	
PROPOSED TRANSACTION DETAILS					
GENERAL EQUIPMENT DESCRIPTION:				FOR OFFICE USE ONLY:	
EQUIPMENT DESCRIPTION:				INVOICE COST:	
				LESS TRADE-IN:	
				PLUS B/O OR T/U:	
EQUIPMENT NEW	EQUIPMENT COST*	TERM TO P/O - EOL <input type="text" value="-"/>	REGULAR RENTAL	DOWN PAYMENT	RESIDUAL
TRADE-UP OR BUYOUT #					
* FOR AMOUNTS > \$75,000, PLEASE PROVIDE THE LAST 2 YEARS' AUDITED FINANCIAL STATEMENTS.					
INFORMATION ON PRINCIPAL SHAREHOLDERS					
(1) LAST NAME / FIRST NAME / INITIAL			% SHARES	S. I. N. (OPTIONAL)	DATE OF BIRTH (MM/DD/YYYY)
HOME STREET ADDRESS / SUITE # / CITY / PROVINCE / POSTAL CODE			MONTHLY INCOME	TELEPHONE NUMBER	MOBILE NUMBER
HOME OWNER YES NO	HOME MARKET VALUE	MORTGAGE BALANCE	BANK NAME		CREDIT LIMIT
BANK ADDRESS		ACCOUNT NUMBER	BANK ACCOUNT MANAGER		TELEPHONE NUMBER
(2) LAST NAME / FIRST NAME / INITIAL			% SHARES	S. I. N. (OPTIONAL)	DATE OF BIRTH (MM/DD/YYYY)
HOME STREET ADDRESS / SUITE # / CITY / PROVINCE / POSTAL CODE			MONTHLY INCOME	TELEPHONE NUMBER	MOBILE NUMBER
HOME OWNER YES NO	HOME MARKET VALUE	MORTGAGE BALANCE	BANK NAME		CREDIT LIMIT
BANK ADDRESS		ACCOUNT NUMBER	BANK ACCOUNT MANAGER		TELEPHONE NUMBER