

COMPANY INFORMATION

CORPORATION SOLE PROPRIETOR PARTNERSHIP
 (Please complete your name below as it appears on your company cheque)

COMPANY LEGAL NAME _____
 OPERATING AS _____ YEARS IN BUSINESS _____
 ADDRESS _____ EMAIL _____
 CITY _____ PROVINCE _____ POSTAL CODE _____
 TELEPHONE _____ FAX _____ CELL PHONE _____
 ANNUAL SALES \$ _____ NATURE OF BUSINESS _____

PRINCIPAL(S) INFORMATION - If more than one principal, complete separate APPLICATION for each person

(Please complete your name below as it appears on your drivers licence)

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____
 HOME ADDRESS _____ HOME TELEPHONE _____
 CITY _____ PROVINCE _____ POSTAL CODE _____
 DATE OF BIRTH _____ SOCIAL INSURANCE NUMBER _____
 YEARS AT ADDRESS _____ RENT OWN MONTHLY PAYMENT \$ _____

Have you ever declared bankruptcy Yes _____ No _____ Do you have any unsatisfied judgements Yes _____ No _____

BANK AND TRADE REFERENCES

BANK NAME _____	CONTACT _____	ACCOUNT # _____
ADDRESS _____	PHONE _____	FAX _____
TRADE REFERENCE (1) _____	CONTACT _____	
ADDRESS _____	PHONE _____	FAX _____
TRADE REFERENCE (2) _____	CONTACT _____	
ADDRESS _____	PHONE _____	FAX _____

OFFICE USE ONLY

SUPPLIER NAME _____ LOCATION _____
 CONTACT _____ PHONE _____ FAX _____
 EQUIPMENT COST _____ (without tax) DOWN PAYMENT _____ TERM REQUESTED _____ MONTHS
 TYPE OF EQUIPMENT (incl. Make, Model, New/Used) _____

I/We authorize Providential Financial Services Corporation to request and give our information about the business and myself personally from and to credit reporting agencies, credit bureaus, credit grantors, persons to whom Providential Financial Services Corporation may assign this application or any financial contract with you, any person we have or propose to have financial relations with, and as otherwise permitted or required by law. I/We authorize Providential Financial Services Corporation to use my Social Insurance Number to verify and report credit information about me to credit bureaus and credit reporting agencies. I am an authorized representative of the business and can submit this request on behalf of the business.

Signed X: _____

Dated: _____