

## BUSINESS LEASE CREDIT APPLICATION

Please fill out completely, sign, date and fax to our Credit Processing Centre at the above fax number

<b>ALLIANCE REP:</b>		<b>Scott Hinsperger: shinsperger@alliancefinancing.com</b>		
<b>Equipment Supplier</b>		Term Requested	Amount \$	Code
Contact	Equipment			NEW <input type="checkbox"/>
				USED <input type="checkbox"/>
Phone	Fax	Email		

### COMPANY INFORMATION

<b>Business Legal Name</b>		Operating As (Trade Name)			Phone
Address		City	Prov	Postal	Fax
Description of Business		Contact		Email	
<b>Business Start Date</b>	Structure	<input type="checkbox"/> Incorporated	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Other
<b>Location of Equipment:</b> <input type="checkbox"/> Same as Above	<b>Actual Equipment Location (If different)</b> Address		City	Prov	Postal
<b>Insurance Broker:</b>	Contact:		Phone	Fax	
<b>Landlord:</b>	Contact:		Phone	Fax	

### PRINCIPALS OF THE COMPANY

<b>Legal Name</b>	Title	Interest in Business (%)	<b>SIN#</b>	<b>Date of Birth</b>
Address	City	Prov.	Postal	Phone
<b>Legal Name</b>	Title	Interest in Business (%)	<b>SIN#</b>	<b>Date of Birth</b>
Address	City	Prov.	Postal	Phone

YOU CONFIRM THAT THE INFORMATION YOU HAVE GIVEN US IN RESPECT OF THIS APPLICATION IS TRUE AND COMPLETE, AND YOU AUTHORIZE US TO RELY ON AND USE THIS INFORMATION IN ORDER TO CONFIRM YOUR IDENTITY AND EVALUATE YOUR CREDIT WORTHINESS, IN RELATION TO THE FINANCING CONTRACT BEING ENTERED INTO. IN PARTICULAR, YOU AGREE THAT WE, OUR AFFILIATES AND ANY THIRD PARTIES ACTING 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 55 ADMINISTRATION ROAD, SUITE 11, VAUGHAN, ONTARIO, L4K 4G9 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, ATTENTION: PRIVACY OFFICE.

Authorized Signature	Name (Please Print)	Title	Date
Authorized Signature	Name (Please Print)	Title	Date