



BUSINESS CREDIT APPLICATION

RETAIL LEASE OTHER

Incorporated Businesses must submit two year-end financial statements and most current balance sheet and profit / loss on business or current tax return. <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit Organization	Type of Financial Statement: <input type="checkbox"/> Audited <input type="checkbox"/> Unaudited <input type="checkbox"/> Review Engagement Fiscal Year-End: _____	Accountant Name _____ Area Code and Phone Number _____ GST / HST Registration Number _____
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Legal Name _____

Other Name(s) under which applicant's credit / trade references or history can be found _____

Present Address _____ City _____ Province _____ Postal Code _____

Area Code and Phone Number	Cell Number	Fax Number	E-mail Address
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Type of Business (*Be specific*) _____

Years in Business	Number of Employees	Prov. of Incorporation	Incorporation Date (mm/dd/yyyy)	Annual Revenues \$ _____	Total Assets \$ _____	Total Liabilities \$ _____
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OWNERSHIP (*Use additional sheet if necessary*)

Name of Owner	% of Ownership	Title	<input type="checkbox"/> Active in business
Street Address	City	Province	Postal Code
<input type="checkbox"/> Inactive in business			
Name of Owner	% of Ownership	Title	<input type="checkbox"/> Active in business
Street Address	City	Province	Postal Code
<input type="checkbox"/> Inactive in business			
Name of Owner	% of Ownership	Title	<input type="checkbox"/> Active in business
Street Address	City	Province	Postal Code
<input type="checkbox"/> Inactive in business			

VEHICLE INFORMATION

Intended Use of Vehicle(s) _____

Number of vehicles in Fleet	Type of vehicle(s)	Annual average Km per vehicle	Ford Fleet Code
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BANK / CREDIT UNION INFORMATION

Name:	Address:	Total Obligation(s)
Contact:	Area Code and Phone No.:	\$ _____
Account No.:		
Name:	Address:	Total Obligation(s)
Contact:	Area Code and Phone No.:	\$ _____
Account No.:		

FINANCING SOURCES (*List Two Bank and Vehicle / Equipment Financing / Leasing Sources*)

Name:	Address:	Total Obligation(s)
Contact:	Area Code and Phone No.:	\$ _____
Account No.:		
Name:	Address:	Total Obligation(s)
Contact:	Area Code and Phone No.:	\$ _____
Account No.:		

TRADE REFERENCES (*Provide Three Major Trade References with which your business has been transacting over the past 5 years*)

Name:	Address:	
Contact:	Area Code and Phone No.:	Type of transactions:
Name:	Address:	
Contact:	Area Code and Phone No.:	Type of transactions:
Name:	Address:	
Contact:	Area Code and Phone No.:	Type of transactions:

For the purpose of securing credit from you, I make the above representations. **I am duly authorized to sign on behalf of the Corporation** and certify that the above information is true and correct. I consent to a credit investigation and to the exchange of credit information.

Authorized Signature: _____ Title: _____ Date (mm/dd/yyyy): _____