



#7 Centre Street, P.O. Box 511 Port Rowan, On. N0E 1M0

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COMMERCIAL EQUIPMENT LEASE APPLICATION

Effective December 2003

APPLICANT INFORMATION:

Full Legal Name: _____

Mailing Address: _____ City: _____ Prov: _____

Postal Code: _____ Phone: _____ Fax: _____

Contact Person: _____ Position: _____

Business Type: Proprietorship _____ Partnership _____ Ltd./Inc. Company _____

In Business Since: _____ Under Present Control since: _____ # of Employees: _____

Description of business: _____

E-Mail Address: _____

Principal 1: Name: _____ Title _____ Phone: _____

Mailing Address: _____ City: _____ Prov: _____

Postal Code _____ Date of Birth: _____ S.I.N.#: _____

Principal 2: Name: _____ Title: _____ Phone: _____

Mailing Address: _____ City: _____ Prov: _____

Postal Code _____ Date of Birth: _____ S.I.N. #: _____

BANK INFORMATION

Bank: _____ Yr Account Opened _____ Town: _____

Contact: _____ Phone: _____

TRADE REFERENCES

1) Name: _____ Phone: _____ Contact: _____

2) _____

DEALER INFORMATION:

Dealer Name: _____ Salesman: _____

Phone: _____ Fax: _____

Equipment: _____ New _____ Used _____

Lease Term: 24 36 48 60 <<Circle choice>> Payments: M Q S A Cost: _____ (before tax)

I/We, the applicant, principal and/or guarantor, consent to:

- the collection, use and disclosure of personal information for the purposes of credit adjudication by the Lessor and its funders and to enable the Lessor and its assignees to provide leasing services; and
- the Lessor and its funders obtaining information from credit reporting agencies and listed references in connection with this application.

APPLICANT'S SIGNATURE _____

DATE _____

If approved, please send the lease package to: **VENDOR** **LESSEE** (Circle One)