



AFFILIATED FINANCIAL SERVICES INC

Account Executive : Les Nip (416) 587-2079

1405 TRANS CANADA SUITE 116
DORVAL (QUÉBEC) H9P-2V9
TÉL. : (514) 737-4555

Credit Application

Once Completed, kindly FAX to (416) 352-1652 or email les@groupesfa.com

LESSEE'S INFORMATION

Legal Name of Lessee : _____
 Trade name : _____
 Address : _____
 City: _____ Province : _____ Postal Code : _____
 Telephone : _____ Fax : _____ Contact : _____
 Nature of Business : _____ Since : _____

SUPPLIER'S INFORMATION

Name of Supplier : _____ Contact : _____
 Address : _____ Telephone : _____ Fax: _____
 Equipment : _____ Amount: _____
 _____ Pmt : \$ _____
 _____ Term : _____ mos
 Portion Hardware: _____ Purchase Option : _____

PERSONNAL INFORMATION (IF SOLE PROPRIETORSHIP AND/OR LESS THAN 3 YRS IN OPERATION)

Name: _____ Family Name : _____
 Address : _____
 City: _____ Province : _____ Postal Code : _____
 Birthdate : _____ SIN # : _____

The above applicant acknowledges that all information is both accurate and truthful. By signing below, I hereby authorize Affiliated Financial Services Inc and all it's financial partners to verify both the accuracy and legitamacy as pertaining to the above information supplied. I hereby authorize Affiliated Financial Services Inc and it's financial partners to verify my personal credit bureau as per the information provided by me in the section entitled « Personnal Information ».

X _____
Signature of Applicant

Date