

Formula Leasing Ltd.
250 Cochrane Drive, Unit #2
Markham, ON L3R 8E5
Phone: 905-415-8248
Fax: 905-415-8249

COMMERCIAL CREDIT APPLICATION

I. GENERAL INFORMATION:

Legal name of firm _____

Name of parent company if subsidiary _____

Principal business address: Street _____

City _____ Prov _____ Postal Code _____ Phone _____

Type of Business (Retail, Wholesale or Other – Please describe)

Type of products sold (Please describe) _____

At present location since
(Date) _____
Month _____ Day _____ Year _____

Is business Incorporated? YES NO if yes, date Incorporated _____

Total Number of Employees _____ Number of Service Technicians _____

Do you own lease your principal place of business? Lease from _____

Physical size of your facilities _____

Names, home addresses and home phones of Principal(s) or Owner(s), sole proprietorship or partnership.

NAME	ADDRESS	HOME PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. FINANCIAL INFORMATION:

Sales volume last year \$ _____ Service volume last year \$ _____

Estimated Net Worth \$ _____

II REFERENCES:

I. A. BANK _____ Account No. _____

Account Name _____

Address _____ Phone _____

Person to Contact _____

B. TRADE REFERENCES (Two references required)
Give only those Principal Suppliers from whom you buy on Open account)

Name _____ Phone () _____

Street Address _____

City _____ Prov _____ Postal Code _____

Name _____ Phone () _____

Street Address _____

City _____ Prov _____ Postal Code _____

SUMMARY: Credit Granted Yes No Line of Credit \$ _____

Account guaranteed by principal Yes No Date _____
Month _____ Day _____ Year _____

WITNESS

SIGNATURE OF SIGNING OFFICER