

**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