



## Credit Application

Please return by fax to  
Angela at 780-437-7268

### COMPANY

Full Legal Name			Operating As	
Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/>			In Business Since (Month/Year)	
Address including Postal Code				
Website			E-mail	
Phone ( ) ( )	Fax ( ) ( )	Cell ( ) ( )	Contact	
Nature of Business			Average Monthly Income \$	
Reason for Equipment Acquisition				

### PRINCIPAL/PERSONAL INFORMATION

1. Full Name		Date of Birth (dd/mm/yy)		SIN #	
Address		How Long?		Own or Rent?	
City, Province		Postal Code		Home Phone ( ) ( )	
			Value \$		Mtg. Balance \$

### TRADE REFERENCES

Company Name		Phone		Fax		Contact	
Reference 1							
Reference 2							
Reference 3							

### BANK

Bank		Branch		How Long?	
Contact		Phone and Fax		Account #	

### EQUIPMENT TO BE LEASED

Description including Year Make Model etc.				
Cost \$		Term		Vendor
Representative			Phone ( ) ( )	
			Fax ( ) ( )	
Address including Postal Code			Website/E-mail	
<p>The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize the following entities: 941315 Alberta Ltd and Forest Leasing Inc, (hereinafter, collectively known as Forest Leasing) and its representatives, at any time to obtain on an on-going basis, verify, use, communicate with and disclose to third parties (including credit reporting agencies, credit exchanges, leasing brokers, and credit grantors, on an on-going basis) any of my credit, financial, and personal information that Forest Leasing deems necessary to complete, service or enforce any lease, ancillary deed or transaction, including but not limited to assignments and securitizations. You authorize us to collect, hold, exchange and disclose your personal information as requested in order to administer your contract &amp; determine your insurance eligibility as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes. If you would like to review your own personal information, correct or revise existing information, have any questions, concerns or comments regarding your application please fax 1-780-437 7268 (Attn: Privacy Office) or mail 214, 3132 Parsons Road NW, . Edmonton, AB T6N 1L6 Attn: Privacy Office.</p>				
Signature of Applicant		Title:		Date:
X _____		_____		_____
Signature of Principal		Date:		
X _____		_____		
X _____				

