



TRADEMARK REP. CREDIT TEL: 905-604-2004

CREDIT FAX TOLL FREE: 1-866-531-5565

CREDIT EMAIL: david@trademarkcapitalfinance.com



**COMPANY INFORMATION**

COMPANY LEGAL NAME \_\_\_\_\_ OPERATING AS \_\_\_\_\_

ADDRESS (NO P.O. BOX) \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ WEBSITE ADDRESS \_\_\_\_\_

BUSINESS DESCRIPTION \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_ ANNUAL SALES \$ \_\_\_\_\_ # OF EMPLOYEES \_\_\_\_\_

SOLE PROPRIETOR ('X') \_\_\_\_\_ OR PARTNERSHIP('X') \_\_\_\_\_ OR CORPORATION ('X') \_\_\_\_\_

INCORPORATION / BUSINESS REGISTRATION DATE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**PRINCIPAL'S INFORMATION**

LEGAL FIRST NAME \_\_\_\_\_ LEGAL MIDDLE NAME \_\_\_\_\_ LEGAL LAST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

YEARS AT ADDRESS \_\_\_\_\_ OWN or RENT \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL INSURANCE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ % OWNERSHIP OF BUSINESS \_\_\_\_\_

**EQUIPMENT INFORMATION**

EQUIP. MAKE/MODEL/YEAR \_\_\_\_\_ NEW ( ) OR USED ( )

VENDOR NAME **ISLAND LEASING / BAY TRUCK**

VENDOR ADDRESS **1715 Britannia Road East Mississauga, Ontario L4W 2A3**

VENDOR CONTACT NAME **OT or JOHN Jr.** PHONE **1-877-229-8789** FAX **905-670-6673** EMAIL **ot@baytruck.com**

EQUIPMENT PRICE (NO TAX) \$ \_\_\_\_\_ DOWN PAYMENT \$ \_\_\_\_\_ DESIRED TERM (MONTHS) \_\_\_\_\_

**PERSONAL NET WORTH STATEMENT (FOR CREDIT REQUESTS OVER \$25,000)**

ASSETS	DESCRIPTION	ESTIMATED MARKET VALUE	LIABILITIES	DESCRIPTION	AMOUNT
Cash in chequing & savings		\$ _____	Real estate mortgage #1	Home	\$ _____
Real Estate #1	Home	\$ _____	Real estate mortgage #2		\$ _____
Real Estate #2		\$ _____	Stock/bonds loan		\$ _____
Stocks, bonds, GIC's with		\$ _____	Auto Loan #1		\$ _____
Auto #1 (yr. & type)		\$ _____	Auto Loan #2		\$ _____
Auto #2 (yr. & type)		\$ _____	Bank Loan		\$ _____
RRSP's with		\$ _____	Line of Credit		\$ _____
Other Asset(s)		\$ _____	Credit cards		\$ _____
<b>TOTAL ASSETS</b>		<b>\$ _____</b>	<b>TOTAL LIABILITIES</b>		<b>\$ _____</b>

TOTAL NET WORTH equals TOTAL ASSETS minus TOTAL LIABILITIES \$ \_\_\_\_\_

**CERTIFICATION AND CONSENT TO COLLECT, USE AND DISCLOSE INFORMATION**

I, the Applicant, warrant and confirm that the information given herein is true and correct and I understand that it is being used to determine my credit responsibility. Trademark Capital Finance Corporation or its affiliates are authorized to obtain, and any source is authorized to disclose, any information Trademark Capital Finance Corporation may require at any time relative to this application from each source to which Trademark Capital Finance Corporation may apply and each such source is hereby authorized to provide Trademark Capital Finance Corporation with such information. Trademark Capital Finance Corporation is furthermore authorized to disclose in response to direct inquiries from lenders or credit bureaus, such information on any loaning account as you consider appropriate and I agree to indemnify Trademark Capital Finance Corporation against and save you harmless from any and all claims in damages or otherwise arising from such disclosure on your part.

I specifically acknowledge that Trademark Capital Finance Corporation may disclose my personal information regardless of when or how such information was collected, to related companies, financial institutions and credit providers with whom Trademark Capital Finance Corporation has financial relations.

INDIVIDUAL #1 SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_