



COMPANY INFORMATION

Full Legal Business Name			Operating Name			
Street Address			Corporation? Partnership? Sole Proprietor?			
City	Province	Postal Code	Year Established	Nature of E	Business	
Phone	Fax		Email	<u>_</u>		
PRIMARY APPLICAI	NT INFORMATION		SPOUSE INFORMATIO	ON		
Full Legal Name		Spouse Name				
Date of Birth	SIN (Option	al)	Spouse Date of Birth	Spouse SII	Spouse SIN (Optional)	
Employer	Monthly Inco	ome	Spouse Employer	Spouse Monthly Income		
Street Address	eet Address		City	Province	Postal Code	
Home #	Cell #		Email		<u> </u>	
Primary Residence	ORTH – SPECIFY E	BELOW	VALUE	AMOUNT	OWING	
Primary Residence Other Real Estate Vehicles/Equipment Vehicles/Equipment Other Assets (Specify)	DRTH – SPECIFY E	BELOW	VALUE	AMOUNT	OWING	
Primary Residence Other Real Estate Vehicles/Equipment Vehicles/Equipment	DRTH – SPECIFY E	BELOW	VALUE Total Assets	AMOUNT Total Liabiliti		
Primary Residence Other Real Estate Vehicles/Equipment Vehicles/Equipment Other Assets (Specify) Cash in Bank	DRTH – SPECIFY E	BELOW				
Other Real Estate Vehicles/Equipment Vehicles/Equipment Other Assets (Specify) Cash in Bank	DRTH – SPECIFY E	BELOW		Total Liabiliti		

PERSONAL INFORMATION: You consent to our: (a) collection, use and disclosure to our affiliates, credit bureaus, reporting agencies, financial institutions and businesses with whom you have or had a financial relationship and other references provided in support of this agreement (and disclosure by these parties to us), of personal information provided herein and elsewhere and credit and financial information between sources for the purposes of verifying and evaluating current and ongoing creditworthiness; (b) disclosure of credit and financial information connected with this Agreement to future creditors or lenders that request credit references; (c) use and disclosure to (and use by) our affiliates of the above information for the purposes of administering, servicing and collecting on this Agreement and your account; managing and administering our business; meeting legal, regulatory, security and processing requirements; and otherwise as permitted or required by law; (d) use and disclosure of personal information to parties connected with the contemplated or actual financing, insuring, sale, securitization, concurrent lease or rental agreement, assignment or other disposal of all or part of our business or assets (including this Agreement or part thereof and the property that is the subject matter thereof) for the purposes of determining whether to proceed with such transaction, fulfilling any reporting or audit requirements there under and the use and disclosure by such parties for substantially the same purposes as described herein; (e) use of your Social Insurance Number and other personal identifiers for matching of credit bureau/reporting agency information. You acknowledge and agree that this application may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Employees and agents that need to access your personal information to fulfill their job requirements will have access to your fil

Applicant Signature	Spouse Signature	Date





BUSINESS PROFILE

Business Name		Business Start Date
Website Address		Nature of Business
Primary Contact		GST#
Contact Phone	Contact Email	# of Employees
NAMES OF BUSINESS	OWNERS	% OWNED
ABOUT THE BUSINESS	3	
What exactly does (or will) yo	our company do?	
NA/I		
where will your sales come t	rom? How will customers find you?	
What additional information s	should we know about your business?	
ABOUT THE OWNERS		
What were the owners doing	prior to the start of the business?	
Will any of the average have	tion in a with a their a complete control of the	d-4-21-
Will any of the owners be col	ntinuing with outside employment? If so, please provide o	details.
What additional information s	hould we know about you?	