



LEASING SERVICES GROUP
For All Your Financial & Equipment Needs!

Your Broker

Direct line: 905-727-6679

Toll-Free: 1-877-751-6027

Name :

Telephone :

Email:

Cell: 416-918-6372

Email: sales@leasingsservicesgroup.com

LESSEE	Legal Business Name			Contact		Phone No.		
	Operating Name (if applicable)			E-mail			Mobile #.	
	Business Street Address/			City		Province	Postal Code	
Type of Business				Years In Business Current Ownership		Fax #		
APPLICATION TYPE	Sole Proprietorship		Partnership	Corporation		Limited Liability Company	Prov. or Local Government	
PRINCIPALS (Owners, partners, and principal officers)	Name		Date of Birth (day/mnth/yr)	SIN No.		% of Ownership	Home Phone No.	
	Home Address		City	Province	Postal Code	E-mail Address		
	Home Ownership OWN RENT		Home Value:		Mortg. Balance:		Monthly Payment:	
	Name		Date of Birth (day/mnth/yr)	SIN No.		% of Ownership	Home Phone No.	
	Home Address		City	Province	Postal Code	E-mail Address		
	Home Ownership OWN RENT		Home Value:		Mortg. Balance:		Monthly Payment:	
SUPPLIER	Dealer Name			Contact		Phone No.		
	Address/City/Prov/Postal Code			E-mail Address		Fax No.		
EQUIPMENT (Join Submission)	Equipment Location					Equipment Amount \$		
	Quantity	Make and Model		New <input type="checkbox"/> Used <input type="checkbox"/>	Year	Mileage	Hours Model Engine	
	Quantity	Make and Model		New <input type="checkbox"/> Used <input type="checkbox"/>	Year	Mileage	Hours Model Engine	
KEY TERMS	Preferred Lease Term (check box) Cash Down : <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months Other							

The undersigned attests that information above is true and complete by signing below. I confirm/we confirm that Affiliated Financial Services Inc. and its affiliates and/or third party providers and (or) any financial institution chosen (collectively referred to as "AFS") can collect, use and rely on such commercial and/or personal information to confirm my identity, evaluate my credit worthiness and the risks in relation to the financing being requested and to comply with its legal and regulatory obligations. The undersigned allow AFS to get from any credit agency or lending company commercial information and/or personal information which could be required with respect to this credit application, including a credit bureau. I/we confirm also that AFS may disclose commercial and/or personal information related to the undersigned to any credit agency or lending company with which it maintains financial relationship. The undersigned recognises that AFS will keep a file containing some or all of my personal information, whether or not the requested credit is granted. The undersigned understands that he has a general right to access and rectify the personal information in this file by making a written request to AFS.

X

Signature

Signer's Printed Name _____
Date

X

Signature

Signer's Printed Name _____
Date