

SUPPLIER	EQUIPMENT SUPPLIER NAME / ADDRESS	LEASE AMOUNT APPLIED FOR:
		\$ _____

COMPANY INFORMATION	FULL LEGAL NAME				WEB SITE
	BILLING ADDRESS				
	CITY	PROVINCE	POSTAL CODE	PHONE	FAX
	TYPE OF BUSINESS (Sole Proprietorship, Partnership, Corporation, etc)			CONTACT	POSITION
	NATURE OF BUSINESS				YEARS IN BUSINESS

BANKING	BANK	BRANCH
	Contact	CHEQUING

TRADE REFERENCES	NAME	NAME
	ADDRESS	ADDRESS
	CITY/PROV/CODE	CITY/PROV/CODE
	PHONE	CONTACT

PRINCIPAL / PERSONAL	FULL NAME				EMAIL ADDRESS
	ADDRESS			BIRTH DATE	S.I.N.
	CITY	PROVINCE	POSTAL CODE	PHONE	CELL
	RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	HOW LONG	VALUE \$	MORTGAGE WITH
				AMOUNT \$	
	ANNUAL INCOME		BANK	BRANCH	
	FULL NAME OF SPOUSE			WHERE EMPLOYED	HOW LONG

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

In conjunction with this application the undersigned authorizes 3FM Leasing Inc., its agents or assigns, to the receipt and exchange of any and all financial/credit information whenever deemed necessary by the lessor. It is understood that 3FM Leasing Inc. in granting the undersigned the subject lease relies upon the accuracy of all of the above statements for the purposes of obtaining lease financing and agrees that under no circumstances is this to be considered an application for consumer financing. The undersigned certifies the information herein is true and correct. 3FM Leasing Inc. will keep a file containing some or all of your personal information at the address as set out in this application or another inviolable location of our choosing. You have a general right to access and rectify the personal information in this file by making a written request to the above address. Attention: Privacy Office

DATE: _____

SIGNATURE: _____

NAME (Print): _____