



AJAX LEASING
equipment leasing made easy

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Toll free 888- 949-4888
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Lease Credit Application

Vendor: _____ Phone: _____ Fax: _____ Contact: _____

Equipment Description _____ Date _____

Cost _____ Term Requested _____ Payment _____ Option _____

Business Information

Company Name _____ Contact _____

Address _____ City _____

Prov _____ Postal Code _____ Phone _____ Fax _____

Type of Bus. _____ Yrs in Bus. _____ # of Employees _____ Website _____

Email _____ Other Information _____

Principal Information (If needed)

Full Name _____ S.I.N. _____ Birthdate _____ / _____ / _____
day/month/year

Address _____ City _____

Prov _____ Postal Code _____ Phone _____ Fax _____

How Long _____ Own/Rent? _____ Value of Home _____ Mortgage _____

Commercial Trade References

Supplier's Name _____ Phone _____ Fax _____ Contact _____

Name _____ Phone _____ Fax _____ Contact _____

Banking Information

Bank _____ Branch _____

Acct Mgr _____ Phone _____ Fax _____ How Long? _____

The undersigned certifies the above information to be complete and correct. The applicant or principal consent to: the collection, retention, use and disclosure of personal information, for credit adjudication and provision of leasing services, by Ajax Leasing and its funders; and to Ajax Leasing and its funders exchanging information with credit reporting agencies and credit references provided in connection with this application.

Signature

Date

Specialists in providing business capital to companies and proprietors