

TRANSPORTATION CREDIT APPLICATION

* required information



SUPPLIER & TRANSACTION DETAILS					
Date :		Supplier :			
Phone Number :		Fax Number :		Sales Representative Name :	
* Equipment Description (Year, Make, Model etc):					
* Equipment condition : <input type="checkbox"/> New <input type="checkbox"/> Used		Year :	Rebuild : <input type="checkbox"/> Yes <input type="checkbox"/> No	Km's at rebuild :	Date of last rebuild :
* Term :		* Payment Frequency :		Trade-In :	

CUSTOMER DETAILS					
* Legal Name of Company (if applicable) :					
<input type="checkbox"/> Ltd./Inc.		Incorporation Date:		<input type="checkbox"/> Partnership (Please complete section 3 if Partnership)	
				<input type="checkbox"/> Proprietorship (Please complete section 3 if Proprietorship)	
Operating Name (if applicable) :			* Type of Business :		Number of Employees (* if in Quebec)
Address :		City :		Province :	Postal Code :
* Billing Address:		* City :		* Province :	* Postal Code :
Contact :		* Phone Number : <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		* Email Address:	
Applicant's Driving Experience : ____ Years ____ Months		Owner Operator Experience : ____ Years ____ Months		Number of Trucks Operated :	
				Applicant to Drive Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	
* First Name :		* Middle :		* Last Name :	
				* Suffix :	
* Date of Birth : Month ____ Day ____ Year ____		Social Insurance Number (optional)		* Email Address :	
* Home Address :		* City :		* Province :	
* Postal Code :		<input type="checkbox"/> Own <input type="checkbox"/> Rent		* Length at Address: ____ Years ____ Months	
				* Phone Number : <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	

PERSONAL NET WORTH OF PRIMARY APPLICANT			
Asset Description :	Value	Liability Description	Value
Cash	\$	Credit Cards, Lines of Credit	\$
RRSP	\$	Installments Loans	\$
Vehicles	\$	Loan on Vehicle	\$
Real Estate	\$	Mortgage	\$
Other	\$		\$
Total Assets >		Total Liabilities >	\$
		(Total Assets – Total Liabilities) Net Worth >	\$

ADDITIONAL APPLICANT/GUARANTOR			
* First Name :		* Middle Name :	
		* Last Name :	
		* Suffix :	
* Date of Birth : Month ____ Day ____ Year ____		Social Insurance Number (optional)	
		* Email Address :	
* Home Address:		* City :	
		* Province :	
* Postal Code :		* Phone Number : <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
		Relationship to Primary Applicant :	

TRUCK USAGE INFORMATION			
Who will truck work for (Carrier name):		How long have you worked for this Carrier ____ Years ____ Months	
		Estimated Monthly Revenue :	
Address:		City :	
		Province :	
Postal Code :	Phone Number :	Truck to be purchased is a <input type="checkbox"/> Replacement Truck <input type="checkbox"/> Additional Truck	Will truck be Team Driven: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Estimated Annual Kilometers :	

I/We, the applicant, principal and/or guarantor each :

- acknowledge that providing a social insurance number is optional and not a condition to obtaining a credit review;
- consent to the collection, use and disclosure of personal information for the purposes of credit adjudication by the Lessor/Lender and its funders and to enable the Lessor/Lender and its assignees to provide financing and to promote the products and services of the Lessor/Lender and its affiliates; and
- consent to the Lessor/Lender and its funders obtaining information relating to the applicant, principal and/or guarantor from credit reporting agencies in connection with this application.

Signature : _____ Date : _____

Signature : _____ Date : _____