



Please fax completed application to: (800) 668-0046  
 For further information, please call: (800) 668-1088

## BUSINESS Credit Application

### GENERAL INFORMATION

LEGAL COMPANY NAME		DOING BUSINESS AS			
STREET ADDRESS		CITY		PROVINCE	POSTAL CODE
CONTACT NAME	TITLE	TELEPHONE #	FAX #	# EMPLOYEES	
NATURE OF BUSINESS		YR. IN BUSINESS	DATE OF INCORP. (M/D/Y)	E-MAIL	
PREVIOUS ADDRESS (If less than 3 yr. at current addr.) STREET, CITY, PROVINCE					

### SHAREHOLDER INFORMATION

NAME	%	DATE OF BIRTH (M/D/Y)	SOCIAL INSURANCE #		
HOME ADDRESS	CITY		PROVINCE	POSTAL CODE	
NAME	%	DATE OF BIRTH (M/D/Y)	SOCIAL INSURANCE #		
HOME ADDRESS	CITY		PROVINCE	POSTAL CODE	

LIMITED COMPANY  PARTNERSHIP  PROPRIETORSHIP  OTHER  DESCRIBE: \_\_\_\_\_

IF BUSINESS IN OPERATION UNDER TWO (2) YEARS, OR IF PARTNERSHIP OR PROPRIETORSHIP, PERSONAL CREDIT APPLICATION *MUST* BE COMPLETED.

### FINANCIAL INFORMATION

BANK	TELEPHONE #	FAX #
BRANCH	ACCOUNT #	CONTACT

### EQUIPMENT AND SUPPLIER INFORMATION

SUPPLIER NAME AND LOCATION		SUPPLIER TELEPHONE #	SALESPERSON OR CONTACT
EQUIPMENT DESCRIPTION (Include Make and Model)			NEW: <input type="checkbox"/> USED: <input type="checkbox"/>
TOTAL COST \$ (BEFORE TAXES)	LEASE TERM	DOWN PAYMENT \$	OTHER INFORMATION

I hereby authorize Integra Leasing Corp. and/or any of its designated assigns, to obtain, in whatever manner it may deem satisfactory, all the information it requires, whatever the source, such being hereby authorized to provide such information.

SIGNATURE	DATE	
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