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CREDIT APPLICATION

APPLICANT INFORMATION			
COMPANY INFORMATION:			Date:
Company Name		Type of Business	
Company Address		City	Province Postal code
Phone # (Area code + number)	Fax # (Area code + number)	Cellular # (Area code + number)	
Contact Name	Email Address		Years in Business
Business Bank Name	Phone # (Area code + number)	Fax # (Area code + number)	
Business Bank Address			
Contact Name at the bank		Account #	Factoring Company (if any)
Autorized Line of Credit \$	Sales Figures \$	Fleet (number) Trucks: _____ Trailers: _____	
Three Principal Customers (3) and % of sales for each		Financial end of year	
1- _____%		G.S.T. / H.S.T. #	
2- _____%		P.S.T. #	
3- _____%			

EQUIPMENT FINANCED – LEASE CREDIT REFERENCES :			
Financial Institution Name	Account #	Phone (Area code + no.)	Fax (Area code + no.)

Authorization

I hereby authorize Finloc 2000 Inc., its affiliates and related companies to obtain any information it deems appropriate in regards to the above mentioned company. I confirm/attest that all of the above information is complete and accurate. Moreover, I authorize Finloc 2000 Inc., its affiliates and related companies to communicate said information to the above-mentioned company's creditors, financial institutions and suppliers, as well as to the investigation agency chosen by Finloc 2000 Inc., its affiliates or related companies.

 Applicant Signature/Title Date

PRINCIPAL / PERSONAL GUARANTOR INFORMATION:			
Name ⁽¹⁾	Date of Birth	% Ownership	Social Security Number
Home Address / Owner Yes <input type="checkbox"/> No <input type="checkbox"/>	City	Province Postal code	Phone (Area code + no.)
Property assessment \$	Mortgage balance \$	Total of investments \$	Total of other liabilities \$
Name ⁽²⁾	Date of Birth	% Ownership	Social Security Number
Home Address / Owner Yes <input type="checkbox"/> No <input type="checkbox"/>	City	Province Postal code	Phone (Area code + no.)
Property assessment \$	Mortgage balance \$	Total of investments \$	Total of other liabilities \$

Authorization

I hereby authorize Finloc 2000 Inc., its affiliates and related companies to obtain any information it deems appropriate in regards to the above mentioned persons. I confirm/attest that all of the above information is complete and accurate. Moreover, I authorize Finloc 2000 Inc., its affiliates and related companies to communicate said information to the above-mentioned company's creditors, financial institutions and suppliers, as well as to the investigation agency chosen by Finloc 2000 Inc., its affiliates or related companies.

⁽¹⁾ Personal Signature /Title Date

⁽²⁾ Personal Signature /Title Date