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 Saint-Georges (Quebec) G5Y 7X3  
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**CREDIT APPLICATION**

APPLICANT INFORMATION			
Company Name		Date	
Address		Type of Business	
City	Province	Postal Code	
Phone Number	Fax Number	Cell phone Number	
Contact Name	Email Address	Years in Business	
Financial Institution Name	Phone Number	Fax Number	
Financial Institution Address			
Contact Name	Account Number	Factoring Company (if any)	
Authorized Line of Credit	\$	Sales Figures	\$
Three Principal Customers and % of sales for each		Percentage	Fleet (number)
1-		%	Trucks: Trailers:
2-		%	Financial end of year
3-		%	G.S.T./H.S.T. Number
			P.S.T. Number

EQUIPMENT FINANCED – LEASE CREDIT REFERENCES			
Financial Institution Name	Account Number	Phone Number	Fax Number

**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 authorized 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.

\_\_\_\_\_  
 Authorized signatory Title Date

PERSONAL INFORMATION OFFICERS/OWNERS				
Name (1)	Birthdate	% Ownership		Social Insurance Number
Home Address / Owner Yes <input type="checkbox"/> No <input type="checkbox"/>	City	Province	Postal Code	Phone Number
Property Assessment	Mortgage Balance	Total investments	Total of other liabilities	
\$	\$	\$	\$	
Name (2)	Birthdate	% Ownership		Social Insurance Number
Home Address / Owner Yes <input type="checkbox"/> No <input type="checkbox"/>	City	Province	Postal Code	Phone Number
Property Assessment	Mortgage Balance	Total 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 authorized 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) Signatory Date (2) Signatory Date