



11505-500, 1<sup>st</sup> Avenue Suite 500  
 St-Georges, (Québec)  
 G5Y 7X3 - Canada  
 Phone: (418) 227-8384  
 Toll Free: 1-877-499-6049  
 Fax: (418) 228-0334

**CREDIT APPLICATION**

**APPLICANT INFORMATION**

<b>COMPANY INFORMATION:</b>			Date:	
Company Name			Type of Business	
Company Address		City	State	Zip code
Phone # (Area code + number)		Fax # (Area code + number)	Cellular # (Area code + number)	
Contact Name		Email	Years in Business	
Business Bank Name				
Business Bank Address		Phone # (Area code + number)	Fax # (Area code + number)	
Contact Name		Account #	Year incorporated	
Line of credit <input type="checkbox"/> \$ 5,000 and - <input type="checkbox"/> \$ 5,000 to \$ 25,000 <input type="checkbox"/> \$25,000 and +			Financial end of year	

**NAME & ADDRESS OF THE MORTGAGOR: if different from the bank**

Financial Institution Name	Financial Institution Address	Phone # (Area code + number)

**EQUIPMENT FINANCE – LEASE CREDIT REFERENCES :**

Financial Institution Name	Account #	Phone # (Area code + number)

**Authorization**  
 I hereby authorize Finloc 2000 (U.S.A.) 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 the above information is complete and accurate. Moreover, I authorize Finloc 2000 (U.S.A.) 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 (U.S.A.) Inc., its affiliates or related companies.

\_\_\_\_\_  
 Applicant Signature/Title                      Date

**PRINCIPAL / PERSONAL GUARANTOR INFORMATION:**

Name <sup>(1)</sup>	Date of Birth	% Ownership	Social Security Number	
Home Address	City	State	Zip code	Phone # (Area code + no.)
Name <sup>(2)</sup>	Date of Birth	% Ownership	Social Security Number	
Home Address	City	State	Zip code	Phone # (Area code + no.)

**Authorization**  
 I hereby authorize Finloc 2000 (U.S.A.) 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 the above information is complete and accurate. Moreover, I authorize Finloc 2000 (U.S.A.) 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 (U.S.A.) Inc., its affiliates or related companies.

\_\_\_\_\_  
<sup>(1)</sup> Personal Signature /Title                      Date

\_\_\_\_\_  
<sup>(2)</sup> Personal Signature /Title                      Date