



Blue Birch Leasing Ltd.
CORPORATE LEASE APPLICATION

Phone 1-204-233-4422
Fax 1-204-231-0136
Toll Free 1-800-661-5327
Fax 1-800-561-5327

COMPANY:

Full Legal Name:
Address: City: Province: Postal Code:
Email: Website:
Phone No.: Fax No.: Premises Owned:
Legal Structure: Incorporated Partnership Proprietorship Years in Business:
Premises Owned: Name & Address of Landlord:

FINANCIAL:

Bank: Branch: Phone No.:
How Long: Account #: Current Balance:
Secondary Bank: Branch: Phone No.:

PRINCIPAL(S):

Full Name: Home Address:
City/Province: Postal Code: Home Phone No.:
Please indicate: Rent Own How Long: Gross Monthly Income \$
Date of Birth: Social Insurance Number(optional):

PRINCIPAL(S)

Full Name: Home Address:
City/Province: Postal Code: Home Phone No.:
Please indicate: Rent Own How Long: Gross Monthly Income \$
Date of Birth: Social Insurance Number(optional):

TRADE REFERENCES: (Including other lease companies)

Name: Fax #: Phone No.:
Name: Fax #: Phone No.:
Name: Fax #: Phone No.:

The undersigned certifies the above information to be true and correct. BY SIGNING BELOW, I/WE CONSENT TO THE OBTAINING FROM ANY CREDIT REPORTING AGENCY OR CREDIT GRANTOR, SUCH INFORMATION AS BLUE BIRCH LEASING MAY REQUIRE AT ANY TIME IN CONNECTION WITH THE CREDIT HEREBY APPLIED FOR, and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or to any credit grantor with whom the undersigned has financial relations.

SIGNATURE OF PRINCIPAL(S): X DATE:

EQUIPMENT INFORMATION

Supplier Name: Address: City/Prov: Postal Code:
Supplier Rep: Phone No.: Fax No.:

EQUIPMENT DESCRIPTION: (Year, Make, Model, Serial No.)

LEASE COST: \$ (before taxes) TERM: INSURANCE: YES / NO