



Corporate Lease Application

Please Return by Fax: 604-730-8010

COMPANY INFORMATION

Legal Company Name		Operating Name	
Business Phone	Business Fax		Years in Business
Company Type Corporation Proprietorship Partnership Non-Profit Society		# of Employees	Nature of Business
Company Address: Number / Road / City / Province / Postal Code			Years / Months at Address

BANK INFORMATION

Bank Name	Branch Location	
Branch Contact Person	Phone Number	Account Number

COMPANY OFFICERS INFORMATION

Officer #1 Name	Position	
Address: Number / Road / City / Province / Postal Code		Business Phone
Officer #2 Name	Position	
Address: Number / Road / City / Province / Postal Code		Business Phone
Officer #3 Name	Position	
Address: Number / Road / City / Province / Postal Code		Business Phone

ACCOUNTANT INFORMATION

Accountant Name	Accounting Firm Name	
Address: Number / Road / City / Province / Postal Code		Business Phone

TRADE REFERENCES INFORMATION

Company Name #1	Contact Name	High Credit
Address: Number / Road / City / Province / Postal Code		Business Phone
Company Name #2	Contact Name	High Credit
Address: Number / Road / City / Province / Postal Code		Business Phone

The undersigned certifies that he / she is an authorized signatory for the applicant company named above (herein after called "the Applicant") and that the above information is true and complete. The undersigned further consents to the obtaining of such information from any credit reporting agency or other source as may be required at any time in connection with the credit hereby applied for or for any renewal or extension thereof and to the disclosure of any information concerning the Applicant to any credit reporting agency or to any person or company with whom the Applicant has or proposes to have financial dealings.

Authorized Signatory

Print Name

Date