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1001 Champlain Avenue, Suite 203  
 Burlington, ON L7L 5Z4

### CORPORATE FINANCING APPLICATION

Corporate Legal Name:			Phone:		
Contact Name:			Fax:		
Address:			Mobile/Other:		
City:	Province:	Postal Code:	Email:		
Type of Business:		Number. of Employees:	In Business Since:		
Principal:	Home Address:		Phone:	SIN:	
<input type="checkbox"/> More than one Principal/Owner: Name and Show % Ownership of each:					
Provincial Corporation No.:		Revenue Canada Employer No.:		Workers Comp. No.:	

<b>Financing Requested:</b>  Amount: \$ _____ (maximum amount requested)  Last Years Annual Sales: \$ _____      Projected 12 Months Sales: \$ _____ Last Years Net Income: \$ _____      Projected 12 Months Net Income: \$ _____ Intended Use of Funds: (Describe the Purpose, Term and Repayment Proposed)	<input type="checkbox"/> Invoice Discounting <input type="checkbox"/> SR&ED <input type="checkbox"/> Equipment Leasing <input type="checkbox"/> Software Finance <input type="checkbox"/> Other (specify): _____
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<b>Top four (4) Customer names and estimated annual sales:</b>			
1.	\$ _____	3.	\$ _____
2.	\$ _____	4.	\$ _____

Company Bank:		Branch Location:	
Branch Contact:		Phone Number:	
Bank Security / Collateral Pledged: <input type="checkbox"/> GSA <input type="checkbox"/> Receivables <input type="checkbox"/> Inventory <input type="checkbox"/> Equipment <input type="checkbox"/> Other _____			
Company Accountant:		Phone Number:	
Company Lawyer:		Phone Number:	
Landlord/Mortgagee:		Phone Number:	

**TRADE REFERENCES** (List major trade and/or credit references, may include other leasing or financial institutions not already listed)

Name:	Contact Person:	Phone No.:
Name:	Contact Person:	Phone No.:
Name:	Contact Person:	Phone No.:

I (We) hereby authorize Faithshire Leasing Corporation, its subsidiaries, affiliates, agents, assigns or potential assigns (herein referred to as the "Company") to inquire and obtain from any source, or to disclose to any reporting agency or financial source, credit information as may be deemed necessary in the sole discretion of the Company. I hereby certify that the information provided in this Application is true, accurate and complete. A copy of this form shall be considered good and sufficient authority for anyone having confidential or other information about the financial position of the undersigned/applicant to disclose such information to the Company. If representations are found to be incorrect or incomplete, the Company reserves the right to reject this application and cancel any contract that may be negotiated and shall not be obliged to fulfill any agreement with the undersigned/applicant, verbal or written. The undersigned further agrees that any expenses incurred by the Company due to reliance by it upon incomplete or incorrect statements made by the undersigned/applicant are chargeable to the applicant.

<b>X</b>	DATE:	<b>X</b>	DATE:
PRINTED NAME AND TITLE OF AUTHORIZED SIGNING OFFICER		PRINTED NAME AND TITLE OF AUTHORIZED SIGNING OFFICER	