



SPRUCEWOOD LEASING LIMITED
 3565 King Road, Suite 101,
 King City, ON L7B 1M3
 Tel: (905) 833-6056
 Fax: (905) 833-0831

CREDIT APPLICATION CORPORATE LESSEE

APPLICANT

Legal Name of the Business: _____

Doing Business As: _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

Website Address _____ Main e-mail _____

Fiscal Year End _____ Date Business Started _____

Number of Employees _____ Annual Sales _____

Last Vehicle Leased / Financed _____

LEASING CONTACT

Name: _____ Phone _____ Fax _____

Cell _____ e-mail _____

COMPANY PRINCIPALS

Name	Position Held	Years Associated	If Owner (% OF OWNERSHIP)
_____	_____	_____	_____
_____	_____	_____	_____

TYPE OF BUSINESS

Primary Business is: _____

Major Accounts: _____

If approved, unit to be used to: _____

BANK

Principal Bank Name: _____ Branch _____

Account # _____ Contact _____ Branch Phone _____

Monthly Lease Payment to be paid by Pre-authorized Payment Post Dated Cheques

MAJOR TRADE REFERENCES

Business Name	Contact	Phone
_____	_____	_____
_____	_____	_____

The undersigned declare(s) that the statements made herein are for the purpose of obtaining lease financing are to be best of my/our knowledge true and correct. The applicant(s) consent(s) to the lessor or Bank of Montreal making any enquiries it deems necessary to reach a decision on this application, and consent(s) to the disclosure at any time of any credit information about me/us to any credit reporting agency to anyone with whom I/we have financial relations.

Company _____ Date _____

Signed By _____ Title _____

Print Name _____