



Please fax completed application to: (800) 668-0046
 For further information, please call: (800) 668-1088

BUSINESS Credit Application

GENERAL INFORMATION

LEGAL COMPANY NAME		DOING BUSINESS AS			
STREET ADDRESS		CITY		PROVINCE	POSTAL CODE
CONTACT NAME		TITLE	TELEPHONE #	FAX #	# EMPLOYEES
NATURE OF BUSINESS			YR. IN BUSINESS	DATE OF INCORP. (M/D/Y)	E-MAIL
PREVIOUS ADDRESS (if less than 3 yr. at current addr.) STREET, CITY, PROVINCE					

SHAREHOLDER INFORMATION

NAME		%	DATE OF BIRTH (M/D/Y)	SOCIAL INSURANCE #	
HOME ADDRESS		CITY		PROVINCE	POSTAL CODE
NAME		%	DATE OF BIRTH (M/D/Y)	SOCIAL INSURANCE #	
HOME ADDRESS		CITY		PROVINCE	POSTAL CODE

LIMITED COMPANY PARTNERSHIP PROPRIETORSHIP OTHER DESCRIBE: _____

IF BUSINESS IN OPERATION UNDER TWO (2) YEARS, OR IF PARTNERSHIP OR PROPRIETORSHIP, PERSONAL CREDIT APPLICATION *MUST* BE COMPLETED.

FINANCIAL INFORMATION

BANK		TELEPHONE #	FAX #
BRANCH		ACCOUNT #	CONTACT

EQUIPMENT AND SUPPLIER INFORMATION

SUPPLIER NAME AND LOCATION		SUPPLIER TELEPHONE #	SALESPERSON OR CONTACT
EQUIPMENT DESCRIPTION (Include Make and Model)			NEW: <input type="checkbox"/> USED: <input type="checkbox"/>
TOTAL COST \$ (BEFORE TAXES)	LEASE TERM	DOWN PAYMENT \$	OTHER INFORMATION

The undersigned certifies the foregoing information to be true and correct. You authorize Integra Leasing Corp. ("Integra") to rely on and use this information in order to confirm your identity and evaluate your credit worthiness in relation to this application for financing. In particular, you agree that Integra, our affiliates and any third parties acting for us or on our behalf may obtain a credit report or other credit information from any credit reporting agency or credit grantor and may hold, use, exchange and disclose such information for these purposes. If your application is approved, you authorize Integra or its' assigns to collect, hold, use exchange and disclose this information in order to administer your contract, determine your insurance eligibility and secure the assets being financed. You further authorize Integra to use this information for the purpose of providing you with information about services and products that relate to your lease or which might be of interest to you. If you have any questions regarding this information, you may contact the Privacy Officer at Integra.

SIGNATURE	DATE	
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