

CORPORATE CREDIT APPLICATION

Mandy Burke

Sales Rep: 1-877-849-0772 ext.125 Fax: 506-847-1182

1). Vendor & Transaction Details

Date:		VENDOR:	
Phone Number:		Fax Number:	Sales Rep Name:
Email Address:		Can BlueChip Leasing Contact the Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment Description:			
Is the Equipment: <input type="checkbox"/> New <input type="checkbox"/> Used		Equip Cost:	\$
Is the Equipment Affixed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Software Cost:	\$
Term:		Installation:	\$
Purchase Option:	Stretch <input type="checkbox"/> FMV <input type="checkbox"/> \$10end <input type="checkbox"/>	Other:	\$
		Total:	\$

2). Customer Details

Full Legal Name:		Phone Number:	
Operating Name:		Contact:	
<input type="checkbox"/> Ltd./Inc. Incorporation Year:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership (please complete section 5 if a proprietorship or partnership)	Yrs In Business Under Current Ownership Since: (please complete section 5 if less than 2 years)	
Type of Business:		Email:	
Address		Website:	
City:	Province:	Postal Code:	

3). SHAREHOLDER DETAILS – If Partnership or Proprietorship or in business < 3 Years

... Full Name (First Middle Last):		Full Name (First Middle Last):	
Personal Address:		Personal Address:	
Home Telephone:		Home Telephone:	
Percentage of Ownership: 0%	Social Insurance Number (optional):	Date of Birth:	Percentage of Ownership: 0%
		Social Insurance Number (optional):	Date of Birth:

The undersigned certifies this above information to be true and correct. BlueChip relies on the information provided to determine whether or not to approve this credit application and the terms of any credit granted. Failure to provide true and accurate information is a fraud by misrepresentation. Such misrepresentation, if later discovered, is a material breach of the lease and will result in termination of the lease as well as a personal liability to pay the full amount owing under the lease. It may also result in criminal liability.

I/We, the applicant, principal and/or guarantor, consent to:

- The collection, use and disclosure of personal information for the purposes of credit adjudication by the Lessor and its funders and to enable the Lessor and its assignees to provide leasing services; and
- The Lessor and its funders obtaining information from credit reporting agencies and listed references in connection with this application.

☐ **Verbal Consent** **** NOTE for all applications requiring personal data, the applicant must sign this form, or if taken via telephone the above consent statement must be read to applicant and their verbal consent must be obtained

Signature _____ Date: _____

Signature _____ Date: _____