

Print name here

T: 905.761.1096 F: 905.761.1095

Toll Free

T: 1.866.305.6267

F: 1.866.801.7096

COMMERCIAL CREDIT APPLICATION

VENDOR & TRANSACTION DETAILS										
Date: Vendor:										
Phone:	Sales Rep:									
Equipment Description:										
Equipment:	Equipment Cost: \$									
Affixed Equipment: Yes No			Software Cost: \$							
Term:		Installation: \$								
Purchase Option: Stretch FMV \$10 End			Other: \$							
Total: \$										
COMPANY INFORMATION										
Company L	Legal Name:		Operating As (If different then legal name)							
Company Current Ad	Suite #	Ci	ty P	Province P		ode Busin	ess Premises wn Lease			
Tel #: () Ext. Fax #: ())	FISCAL YEAR END:			Years at			
Previous Address: Street Name and number Code (If less than 3 yrs at current)			Suite #	nite # City		Provinc	ce Po	ostal Years	Present address: Years at Previous address:	
PLEASE CHECK ONE: PROPRIETORSHIP PARTNERSHIP		CORPORATION		Company has been			Under Current			
					In business since:		Ownership Since:			
Dein ein al	First Name		COMPANY PRI			CIN #	Por	centage of ownership:		
Principal # 1	First Name	Last N			Date of Birth / mm dd yyyy				%	
	Address: Street name and number		City	y		Province Postal Code		Year Prese	s at ent address:	
Principal # 2	First Name	Last N	Name		Date of	/	S.I.N. #	Per	centage of ownership:	
	Address: Street name and number		City	у	Province Postal Co		Postal Code		Years at Present address:	
THE INFORMATION IN THIS SECTION MAY BE USED TO OBTAIN A PERSONAL CREDIT REPORT FROM A CONSUMER REPORTING AGENCY										
FINANCIAL INFORMATION										
Bank Name:	Address: Transit #: Acct#:									
Phone #: () Fax #: () Contact name:									
CREDIT REFERENCES										
COMPANY NAME			ADI	DRESS			TEL#		CONTACT	
1.										
2.										
3.										
PLEASE READ AND SIGN BELOW In this agreement, "I", "we", "our", "my", "us" means the applicant and/or the co-applicant and/or the company that is applying for the service offered by Trillium FSB Inc. I/ We hereby certify that the information given above is true, accurate and complete as at the statement date. I/We fully understand that such information shall be used to determine my/our credit worthiness. I/We understand that ALL INFORMATION WILL BE VERIFIED and any information that proves inaccurate will result in the application being terminated. I/We also authorize Trillium FSB Inc. to disclose from time to time to other lenders, credit bureau or other credit reporting agencies personal any credit information about me/us. I/ we understand that Trillium FSB Inc. will charge an arranging fee Trillium FSB Inc. reserves the right to increase the arranging fee for applicants of above average complexity credit situations. The arranging fee may be added to the loan / lease amount and I/We hereby (and by signing below) authorize and direct the lender to Trillium FSB Inc the above-mentioned arranging fee from the loan proceeds. This shall be good, sufficient and irrevocable authority for so doing. Authorized Signature Date										
Authorize	ed Signature		Authorized Signature Date							

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