



www.everydayef.com

TEL : 1.800.961.4899

FAX : 1.800.651.3289

COMPANY INFORMATION

COMPANY LEGAL NAME : O/A :
NATURE OF BUSINESS : TIME IN BUSINESS : years
BUSINESS ADDRESS :
PROVINCE : CITY : POSTAL :
BUSINESS TELEPHONE : FAX : EMAIL :

NOTE: For amounts over \$75,000 we require 2 years business tax returns & 3 months bank statements

BUSINESS OWNER PERSONAL INFORMATION

YOUR FIRST NAME : LAST :
SPOUSE FIRST NAME : LAST :
HOME ADDRESS : PROV :
CITY : POSTAL : TEL :
YOUR DATE OF BIRTH : YEAR MONTH DAY SIN #
SPOUSE DATE OF BIRTH : YEAR MONTH DAY SIN #
YEARS AT HOME ADDRESS : OWN or RENT : MARITAL STATUS :
ANNUAL INCOME : \$ TITLE or POSITION :
SPOUSE ANNUAL INCOME : \$ EMPLOYER NAME :
CURRENT HOME VALUE : \$ MORTGAGE OWING : \$
% OWNERSHIP OF BUSINESS :
HAVE YOU OR YOUR SPOUSE EVER DECLARED PERSONAL BANKRUPTCY YES or NO IF YES, YEAR

Please supply Business Owner Personal Information on all owners - (separate signed form)

EQUIPMENT & SUPPLIER DETAILS

EQUIPMENT SUPPLIER NAME : TEL :
CONTACT : EMAIL :
EQUIPMENT COST : \$ NEW or USED : WARRANTY :
DOWNPAYMENT AMOUNT : \$ LEASE TERM : in months
EQUIPMENT DETAILS :
REASON FOR PURCHASE :

Please include YEAR / MAKE / MODEL if possible

Additional / Replacement / Start-up if applicable

Credit Investigation and Disclosure of Personal Information Customer hereby consents to Everyday conducting a personal investigation and or credit check upon Business and Owner/Spouse for the express purpose of determining Customer's credit worthiness, subject to applicable legislation. Customer hereby warrants all the information to be true and accurate and Everyday reserves the right to confirmation of information at any time. Customer hereby consents to the transfer of the Customer's personal information by Everyday to any assignees or other parties acquiring the Lease or interests in the Lease or entering into arrangements with respects of the Lease. Customer hereby consents to the transfer of his/her personal information to any purchaser of Everyday or its business or as required during the term of the Lease. Please sign below to authorize.

(1) X : Business Owner

(2) X : Spouse