

www.everydayef.com TEL: 1.800.961.4899 FAX: 1.800.651.3289

COMPANY INFORMATION	
COMPANY LEGAL NAME :	O/A :
NATURE OF BUSINESS :	-
BUSINESS ADDRESS :	
PROVINCE :	CITY : POSTAL :
BUSINESS TELEPHONE :	FAX : EMAIL:
NOTE: For amounts over \$75,000 we requ	uire 2 years business tax returns & 3 months bank statements
BUSINESS OWNE	ER PERSONAL INFORMATION
	LAST:
	LAST:
	PROV :
	POSTAL : TEL :
YOUR DATE OF BIRTH: YEARMONTH_	PAY SIN #
SPOUSE DATE OF BIRTH: YEARMONTH_	PAY
YEARS AT HOME ADDRESS :OWN	N 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 PERSO	DNAL BANKRUPTCY YES or NO IF YES, YEAR
Please supply Business Owner Persona	al Information on all owners - (separate signed form)
FQUIPMEN'	T & SUPPLIER DETAILS
EQUIPMENT SUPPLIER NAME :	TEL :
CONTACT :	EMAIL:
EQUIPMENT COST : \$	NEW or USED : WARRANTY :
DOWNPAYMENT AMOUNT: \$	LEASE TERM : in months
EQUIPMENT DETAILS :	
<u> </u>	Please include YEAR / MAKE / MODEL if possible
REASON FOR PURCHASE:	
_	Additional / Replacement / Start-up if applicable
personal investigation and or credit check upon Busine credit worthiness, subject to applicable legislation. Cu Summit reserves the right to confirmation of informatior personal information by Summit to any assignees or o arrangements with respects of the Lease. Customer	rnal Information Customer hereby consents to Summit conducting a less and Owner/Spouse for the express purpose of determining Customer's sustomer hereby warrants all the information to be true and accurate and in at any time. Customer hereby consents to the transfer of the Customer's other parties acquiring the Lease or interests in the Lease or entering into hereby consents to the transfer of his/her personal information to anying the term of the Lease. Please sign below to authorize.
(1) X : Business Owner	(2) X : Spouse