



4 Robert Speck Parkway, 15<sup>th</sup> Floor  
 Mississauga, Ontario, L4Z 1S1  
 admin@axiomleasing.com  
 905-366-7332

**CREDIT APPLICATION**

**Company Information**

|   |                   |   |             |       |
|---|-------------------|---|-------------|-------|
| Applicant's Legal Name                    |                   | Trade Name<br>(if applicable)                       |             |       |
| Address                                   | City              | Province  | Postal Code | Email |
| Contact Name                              | Title             | Telephone   | Fax         |       |
| Type of Business                          | Years In Business | [ ] Corporation [ ] Sole Proprietor [ ] Partnership |             |       |
| Corporate Officers (if applicable)        |                   |   |             |       |
| Name:                                     |                   | Title:  |             |       |
| Name:                                     |                   | Title:  |             |       |
| <b>REFERENCES (ESTABLISHED SUPPLIERS)</b> |                   |   |             |       |
| NAME:                                     |                   | TELEPHONE:  | FAX:        |       |
| NAME:                                     |                   | TELEPHONE:  | FAX:        |       |
| NAME:                                     |                   | TELEPHONE:  | FAX:        |       |

**Owner / Partner / Director (Please complete this section per Applicant)**

|                                 |                    |                       |                       |                  |
|---------------------------------|--------------------|-----------------------|-----------------------|------------------|
| Name                            | SIN (optional)     | Date Of Birth (M/D/Y) |                       | Ownership %      |
| Address                         | City               | Province              | Postal Code           | Telephone<br>Fax |
| Home Own [ ] Rent [ ] Other [ ] | Market Value<br>\$ | Mortgage<br>\$        | Mortgage Holder       |                  |
| Status Married [ ] Single [ ]   | SIN (optional)     | Spouse:               | Date Of Birth (M/D/Y) | Dependant(s)     |

|   |                                 |           |             |
|---|---------------------------------|-----------|-------------|
| Bank Name                                       | Branch                          | Contact   | Account No. |
| Address   | City                            | Telephone | Fax         |
| Line Of Credit [ ]<br>Mortgage [ ]<br>Other [ ] | PLEASE SPECIFY SECURITY, IF ANY |           |             |

THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND CORRECT. BY SIGNING BELOW, I CONSENT AND AUTHORIZE AXIOM LEASING INC. AND ITS REPRESENTATIVES, AT ANY TIME TO OBTAIN, VERIFY, USE, COMMUNICATE WITH AND DISCLOSE TO THIRD PARTIES (INCLUDING CREDIT REPORTING AGENCIES, CREDIT EXCHANGES, LEASING BROKERS, AND CREDIT GRANTORS) ANY OF MY CREDIT, FINANCIAL AND PERSONAL INFORMATION THAT LESSOR DEEMS NECESSARY TO COMPLETE, SERVICE OR ENFORCE ANY LEASE / RENTAL CONTRACT, ANCILLARY DEED OR TRANSACTION, INCLUDING BUT NOT LIMITED TO ASSIGNMENTS AND SECURITIZATIONS.

\_\_\_\_\_  
 NAME (PLEASE PRINT)

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE