

CREDIT APPLICATION

Applicant's Legal Name		Trade Name (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:		
REFERENCES (ESTABLISHED SUPPLIERS)				
NAME:		TELEPHONE:		FAX:
NAME:		TELEPHONE:		FAX:
NAME:		TELEPHONE:		FAX:

Company Information

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

Owner / Partner / Principal (Please complete this section per Applicant)

Bank Name	Branch	Contact	Account No.
Address	City	Telephone	Fax
Line Of Credit [] Mortgage [] 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