



2370 Cawthra Road MISSISSAUGA ON L5A 2X1
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 E-mail: admin@axiomleasing.com

CREDIT APPLICATION

Company Information

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 <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/>		
Corporate Officers (if applicable.) Name:		Title:		
Name:		Title:		
REFERENCES (ESTABLISHED SUPPLIERS)				
NAME:		TELEPHONE:	FAX:	
NAME:		TELEPHONE:	FAX:	
NAME:		TELEPHONE:	FAX:	

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

Name	SIN No. (optional)	Date Of Birth (M/D/Y)		Ownership %	
Address	City	Province	Postal Code	Telephone	Fax
Home Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Market Value \$	Mortgage \$	Mortgage Holder		
Status Married <input type="checkbox"/> Single <input type="checkbox"/>	Dependant(s)	Spouses Name	Date Of Birth (M/D/Y)	SIN No.	

Bank Name	Branch	Contact	Account No.
Address	City	Telephone	Fax
Line Of Credit <input type="checkbox"/> Mortgage <input type="checkbox"/> Other <input type="checkbox"/>	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.

SIGNATURE

 DATE

 NAME (PLEASE PRINT)