

# ULI Canada Inc. Credit Application

Lessee		Vendor	
Legal Business Name:		Name:	
Doing Business As:		Address:	
Address		City, Province, Post Code:	
City, Province, Post Code:		Contact:	
Contact		Telephone: (     )	
Telephone: (     )	Web Address:	Fax:	
Fax:	Email:	Web Address:	
Equipment Location (if different than above):			
Business Number:			

## Business Information

Type of Business (Check One) : Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other <input type="checkbox"/>	Years in Business:
Annual Revenues: \$	Number of Employees:

## Principals/Guarantors

Name:	DOB:	Social Insurance #:	Canadian Citizen: Y <input type="checkbox"/> N <input type="checkbox"/>	Ownership %:
Home Address:	Cell #:	Email:	Years Owned:	
Name:	DOB:	Social Insurance #:	Canadian Citizen: Y <input type="checkbox"/> N <input type="checkbox"/>	Ownership %:
Home Address:	Cell #:	Email:	Years Owned:	

## Equipment Description

Description:	New <input type="checkbox"/> Used <input type="checkbox"/>	Term (Mths): 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other <input type="checkbox"/>
Equipment Cost: \$	Equipment Location:	Payments: \$USD <input type="checkbox"/> \$CAD <input type="checkbox"/>
		Advance Payments: 1 <input type="checkbox"/> 2 <input type="checkbox"/> Down Payment \$ _____

## Company Bank References

Bank Name:	Yrs:	ACC #:	Phone: (     )	Contact:
Bank Name:	Yrs.	ACC #:	Phone: (     )	Contact:

## Trade References

Supplier Name:	Yrs:	City/Province:	Phone: (     )	Contact:
Supplier Name:	Yrs.	City/Province:	Phone: (     )	Contact:
Supplier Name:	Yrs.	City/Province:	Phone: (     )	Contact:

I/we hereby authorize United Leasing, Inc., or their agents, to investigate my/our credit worthiness including retrieving consumer credit reports or any background checks at any time. I/We will provide financial statements, tax returns, etc., as you deem necessary. I/we **Warrant and Affirm** that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/we understand that United Leasing, Inc. reserves the right to reverse any credit decision if the information contained herein is found to be incorrect. I/we warrant that I/we will indemnify United Leasing, Inc. for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended leased equipment based on information contained herein.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Fax completed application to: 812 485 3681

For additional information please contact

Steve Hope 905 321 2760 [www.unitedevv.com](http://www.unitedevv.com)



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