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LEASE APPLICATION APPROVAL CENTRE
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ECONOLEASE REP: **Jack Yablon**

VENDOR: _____ SALESPERSON _____

EQUIPMENT TO BE LEASED: _____ COST: _____ PREFERRED LEASE TERM: _____

COMPANY APPLICATION INFORMATION:

LEGAL BUSINESS NAME:		CONTACT NAME:		OWNER NAME:	%	
OPERATING NAME:		CONTACT POSITION:		OWNER NAME:	%	
BUSINESS ADDRESS:		CITY:	PROV/STATE:	POSTAL/ZIP:	OWNER NAME:	%
TEL:	FAX:	E-MAIL:		OWNER NAME:	%	
NATURE OF BUSINESS:		YEARS IN BUSINESS:	YEAR INCORPORATED:	ANNUAL GROSS SALES:	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC	

COMPANY REFERENCE INFORMATION:

BUSINESS BANK:	BRANCH LOCATION:	ACCOUNT NO:	CONTACT OFFICER:	PHONE:
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PERSONAL APPLICANT/GUARANTOR INFORMATION:

PERSONAL APPLICANT LEGAL NAME:		TITLE:	SIN/SSN:	DOB (MM-DD--YY)		
HOME ADDRESS:		CITY:	PROV/STATE:	POSTAL/ZIP:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOW LONG?
TEL:	CELL:	E-MAIL:		ANNUAL PERSONAL INCOME:		
EVER BANKRUPT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT YEAR DISCHARGED?	OTHER LEASES <input type="checkbox"/> VEHICLES <input type="checkbox"/> EQUIPMENT	MONTHLY MORTGAGE/RENT:	VALUE OF HOME:	MORTGAGE BALANCE:	
CO-APPLICANT / SPOUSE:		EMPLOYER/OCCUPATION/TITLE	SIN/SSN:	DOB (MM-DD--YY)		
HOME ADDRESS:		CITY:	PROV/STATE:	POSTAL/ZIP:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOW LONG?
TEL:	CELL:	E-MAIL:		ANNUAL PERSONAL INCOME:		
EVER BANKRUPT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT YEAR DISCHARGED?	OTHER LEASES <input type="checkbox"/> VEHICLES <input type="checkbox"/> EQUIPMENT	MONTHLY MORTGAGE/RENT:	VALUE OF HOME:	MORTGAGE BALANCE:	

COMMERCIAL ELECTRONIC COMMUNICATIONS AUTHORIZATION

IN AN EFFORT TO ENSURE COMPLIANCE WITH CANADA'S ANTI-SPAM LEGISLATION (CASL), ECONOLEASE FINANCIAL SERVICES INC., EFS MERCHANT SOLUTIONS CORP., CHEF CHOICE EQUIPMENT RENTALS INC. AND SERVICES FINANCIERS ECONOLEASE, REQUIRES YOUR CONSENT TO RECEIVE COMMERCIAL ELECTRONIC COMMUNICATIONS.

COMMERCIAL APPLICANT: **MY SIGNATURE BELOW ACTS AS CONSENT FOR RECEIPT OF COMMERCIAL ELECTRONIC COMMUNICATIONS.** YES NO
 PERSONAL APPLICANT: **MY SIGNATURE BELOW ACTS AS CONSENT FOR RECEIPT OF COMMERCIAL ELECTRONIC COMMUNICATIONS.** YES NO
 CO-APPLICANT APPLICANT: **MY SIGNATURE BELOW ACTS AS CONSENT FOR RECEIPT OF COMMERCIAL ELECTRONIC COMMUNICATIONS.** YES NO

CREDIT CHECK AUTHORIZATION

THE ABOVE APPLICANT(S) ACKNOWLEDGES THAT ALL INFORMATION IS ACCURATE AND TRUE AND HEREBY AUTHORIZES ECONOLEASE FINANCIAL SERVICES AND ALL ITS FINANCIAL PARTNERS TO VERIFY BOTH THE ACCURACY AND LEGITIMACY OF THIS INFORMATION. ECONOLEASE FINANCIAL SERVICES AND ALL ITS FINANCIAL PARTNERS ARE ALSO HEREBY AUTHORIZED TO OBTAIN, COMPARE AND SHARE CREDIT BUREAU REPORTS AND OTHER CORPORATE AND PERSONAL CREDIT INFORMATION AS MAY BE DEEMED NECESSARY FOR THE PURPOSE OF CREDIT ADJUDICATION RELATED TO THIS LEASE APPLICATION OR ANY OTHER FINANCIAL RELATIONSHIP THE APPLICANT(S) MAY WISH TO HAVE WITH ECONOLEASE FINANCIAL SERVICES AND ITS FINANCIAL PARTNERS.

 COMMERCIAL APPLICANT'S SIGNATURE PERSONAL APPLICANT'S SIGNATURE CO-APPLICANT/SPOUSE'S SIGNATURE DATE