



COMMERCIAL APPLICATION

Verne J McKernan

Last 2 years of Accountant Prepared Financial Statements, accompanied by a Personal Net Worth Statement, will be required for applications greater than \$30,000.00.

Cellular: 204-479-2228 34 Bathgate Bay
 Fax: 204-284-1714 Winnipeg, MB, R3T 0L2
 Email: get.equipment@familyfarmlease.com
 Web Site: www.FamilyFarmLease.com

APPLICANT INFORMATION:

Business Name:	Nature of Business:
Contact:	Corporation <input type="checkbox"/> Date Incorporated:
Address:	Proprietorship <input type="checkbox"/> Under current ownership since:
City:	Partnership <input type="checkbox"/> Complete principal details below if less than 2 years
Province:	Fiscal Year Ending:
Postal Code:	Number of Employees:
Phone:	Business Premises: Rent <input type="checkbox"/> Own <input type="checkbox"/>
Fax:	

SUPPLIER AND EQUIPMENT:

Supplier:	Equipment:
Contact:	Make/Model/Year: New <input type="checkbox"/> Used <input type="checkbox"/>
Address:	Equipment Cost: \$ Trade in: \$
Phone:	Soft Costs: \$
Fax:	Equipment affixed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Term:
	Payment Stream: Monthly <input type="checkbox"/> Other <input type="checkbox"/>

FINANCIAL REFERENCE:

Bank:	Branch:	How Long:	Yrs
Contact:	Address:		
Phone:	Fax:		

TRADE REFERENCE:

Name:	Contact:	Phone:
Name:	Contact:	Phone:

PRINCIPAL DETAILS: for Partnership or Proprietorship

Name:	Ownership: %	Name:	Ownership: %
Date of Birth:	SIN:	Date of Birth:	SIN:
Address:	Rent <input type="checkbox"/> Own <input type="checkbox"/>	Address:	Rent <input type="checkbox"/> Own <input type="checkbox"/>
Address:		Address:	
Phone:	Fax:	Phone:	Fax:

I/We, the applicant and/or guarantor, consent to: The collection, use and disclosure of personal information for the purposes of credit adjunction be the Lessor and its funders to enable the Lessor and its assignees to provide leasing services: and The Lessor and its funders obtaining information from credit reporting agencies and listed references in connection with this application.

Signature: _____ Date: _____

