



Contact: Debbie Ross
deb.ross@westportleasing.com

CREDIT APPLICATION
PHONE : (604) 681-1260
FAX : (604) 681-1680
E-MAIL: credit@westportleasing.com

COMPANY DETAILS			
Company Legal Name		Operating or Other Name	
Address	City	State/Province	Zip/Postal Code
Contact Name	Title	Phone	Fax
E-Mail Address		Website Address	
<input type="checkbox"/> Private Incorporation	<input type="checkbox"/> Public Co.	<input type="checkbox"/> Government	Business Start Date
<input type="checkbox"/> Owner-Operated	<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-Profit	Incorporation Date
Number of Employees	Industry/Type of Business		
Business Premises <input type="checkbox"/> Owned <input type="checkbox"/> Leased	Landlord/Mortgage Holder	Contact Name	Phone
Bank Name	Branch Name and Address		Phone
Account Number	Years Dealing	Contact Name	Fax
Trade Reference Supplier 1	Phone	Fax	
Trade Reference Supplier 2	Phone	Fax	
Trade Reference Supplier 3	Phone	Fax	
OWNER/PARTNER DETAILS (Required for Owner-Operators, Partnerships and Privately-Held Corporations. Please complete one form for each principal)			
First Name & Initials		Last Name	Social Insurance Number
			Date of Birth (MM/DD/YY)
Address		City	State/Province
		Postal Code	Phone
Personal Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____	Home Value \$	Mortgage Balance \$	Mortgage/Rent Payment \$
Major Credit Cards Held In Your Name: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex		Marital Status	Company Ownership %
LEASE DETAILS Attach copy of supplier quotation(s) if available			
Equipment Supplier Name		Sales Person	Phone
Metlab Corporation			800-828-6866
Equipment Description	<input type="checkbox"/> New <input type="checkbox"/> U <input type="checkbox"/> Reconditioned	Equipment Cost (Before Tax) \$	Lease Term Requested
		<input type="checkbox"/> CAN. <input type="checkbox"/> U.S.	<input type="checkbox"/> Years <input type="checkbox"/> Months

THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND CORRECT. I/WE HEREBY AUTHORIZE WESTPORT LEASING CORPORATION AND/OR ITS THIRD-PARTY AGENTS, OR ASSIGNS (WESTPORT) TO COLLECT, RETAIN, USE, DISCLOSE & EXCHANGE CREDIT REPORTS, BANKING & CREDIT REFERENCES, AND OTHER PERSONAL INFORMATION FOR ALL PURPOSES RELATED TO CONFIRMING IDENTITIES, THE EVALUATION OF CREDIT WORTHINESS, PROVIDING LEASING AND/OR OTHER FINANCIAL SERVICES, ADMINISTERING CONTRACTS, REGISTERING SECURITY INTERESTS, PERFORMING INTERNAL STATISTICAL ANALYSIS, REPORTING ACCOUNT INFORMATION TO CREDIT AGENCIES AND OTHER CREDITORS, AND/OR OTHER PURPOSES AS REQUIRED OR PERMITTED BY LAW. I/WE ACKNOWLEDGE THAT FILES CONTAINING MY/OUR PERSONAL INFORMATION MAY BE KEPT AT WESTPORT'S OFFICES AND THAT I/WE HAVE A GENERAL RIGHT TO ACCESS AND RECTIFY PERSONAL INFORMATION IN THE FILES BY SUBMITTING A WRITTEN REQUEST TO WESTPORT.

X:			
Signature	Name	Title	Date