Submit by Email | Print Form

www.westportleasing.com

CREDIT APPLICATION

PHONE : (604) 681-1260
FAX : (604) 681-1680
email: credit@westportleasing.com

COMPANY DETAILS

Company Legal Name		Operating or Other Name	
Address	City	State/Province	Postal Code
Contact Name	Title	Phone	Fax
E-Mail Address		Website Address	
☐ Private Incorporation ☐ Public Co. ☐ Government ☐ Owner-Operated ☐ Partnership ☐ Non-Profit		Business Start Date	Incorporation Date
Number of Employees	Industry/Type of Business		
Business Premises ☐ Owned ☐ 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 ☐ Own ☐ Rent ☐ Other _____	Home Value $	Mortgage Balance $	Mortgage/Rent Payment $
Major Credit Cards Held In Your Name: ☐ Visa ☐ MasterCard ☐ Amex		Marital Status	Company Ownership %

LEASE DETAILS

Attach copy of supplier quotation(s) if available

Equipment Supplier Name	Sales Person	Phone	Fax
Equipment Description ☐ New ☐ Used ☐ Reconditioned		Equipment Cost (Before Tax) $ ☐ CAN. ☐ U.S.	Lease Term Requested ☐ Years ☐ 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	Print Name	Date