



**CREDIT APPLICATION**  
**Phone: (604) 681-1260**  
**Fax: (604) 681-1680**  
**email: credit@westportleasing.com**

**EQUIPMENT & LEASE DETAILS** Please attach copy of supplier quotation(s) if available

Supplier		Branch / Location	
Sales Contact		Phone	Email
Equipment Description	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned	Equipment Cost (Before Tax)	Preferred Lease Term
		\$	<input type="checkbox"/> Years <input type="checkbox"/> Months
		<input type="checkbox"/> CAD <input type="checkbox"/> USD	

**COMPANY DETAILS**

Company Legal Name		Operating or Other Name	
Address	City	Province / State	Postal Code
Contact Name	Title	Phone	Fax
E-Mail Address		Website	
<input type="checkbox"/> Private Incorporation <input type="checkbox"/> Public Company <input type="checkbox"/> Government <input type="checkbox"/> Owner-Operated <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Business Start Date	Incorporation Date	
Number of Employees	Business Premises	Industry/Type of Business	
	<input type="checkbox"/> Owned <input type="checkbox"/> Home-based <input type="checkbox"/> Leased <input type="checkbox"/> Other _____		
Bank Name	Years Dealing	Banking Services:	
		<input type="checkbox"/> Chequing Acct <input type="checkbox"/> Credit Line / Loans <input type="checkbox"/> Online Banking <input type="checkbox"/> Commercial Mortgage	

**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)
Residence Address		City	Province / State	Postal Code
Phone		<input type="checkbox"/> Mobile		<input type="checkbox"/> Home
Personal Residence	Home Value	Mortgage Balance	Monthly Mortgage/Rent Payment	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____	\$	\$	\$	
Major Credit Cards Held In Your Name:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	Marital Status	Company Ownership %	
		<input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Single <input type="checkbox"/> Other		

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.

<b>X</b>	Signature	Print Name	Date
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