Broker:

CREDIT APPLICATION

1. LESSEE'S INFORMATION

Company Legal Name:		I don't have a business yet: ☐
Address:		
City:	Province:	Postal code:
Telephone:	Fax:	Contact:
Nature of business:		Since:

2. PERSONAL INFORMATION (If sole proprietorship and/or less than 3 years in business)

First Name:	Last Name:	Date of birth:
Address:	City:	Province:
Postal code:	SIN:	Telephone:

3. COSIGNER #1 INFORMATION (OPTIONAL)

First Name:	Last Name:	Date of birth:
Address:	City:	Province:
Postal code:	SIN:	Telephone:

4. COSIGNER #2 INFORMATION (OPTIONAL)

First Name:	Last Name:	Date of birth:
Address:	City:	Province:
Postal code:	SIN:	Telephone:

The above applicant acknowledges that all information is both accurate and truthful. By signing below, I hereby authorize Fincap Financial Group Inc. and all its financial partners to collect, use and disclose my personal information, verify both the accuracy and legitimacy as pertaining to the above information supplied, and share my personal information with other financial institutions and/or third parties. Fincap Financial Group Inc., all its financial partners, other financial institutions and/or third parties, may keep a file including my personal information; I may have access to my personal information upon request. I hereby authorize Fincap Financial Group Inc., it's financial partners, other financial institutions and/or third parties, to obtain my personal credit bureau from a reporting agency as per the information provided by me in the section entitled « Personal information ». I recognize that the purpose of collecting my personal information is to confirm my identity, comply with regulatory requirements, and assess my credit worthiness with respect to the financing being requested.

I certify that the information contained in this form is correct and complete. **(MAIN APPLICANT)**

Signature: **Date:**

I certify that the information contained in this form is correct and complete. **(COSIGNER #1)**

Signature: **Date:**

I certify that the information contained in this form is correct and complete. **(COSIGNER #2)**

Signature: **Date:**