

LEASING APPLICATION

CORPORATE or OPERATING NAME			
BUSINESS NUMBERS	Phone:	Fax:	Email:
BUSINESS ADDRESS			
	Street Address	Unit #	
	City	Province	Postal Code Website

INDIVIDUAL'S FULL LEGAL NAME			
HOME ADDRESS			
	Street Address	Unit #	
	City	Province	Postal code
DATE OF BIRTH		SIN (optional)	
PROFESSION		YEARS IN BUSINESS	

EQUIPMENT TO BE FINANCED	PRICE (before taxes)		
Name/Make/Model:	\$		
VENDOR/SUPPLIER		VENDOR SALES REP	
DESIRED LEASE TERM		END OF LEASE OPTION	\$10 or 10%

ANNUAL INCOME STATEMENT		ANNUAL PERSONAL EXPENSES	
BORROWER'S GROSS ANNUAL SALARY OR DRAW:	\$	MORTGAGE / RENT PAYMENTS:	\$
SPOUSE'S GROSS ANNUAL SALARY OR DRAW:	\$	PROPERTY TAXES:	\$
RENTALS OR REALTY INCOME:	\$	PERSONAL LOAN / LEASE PAYMENTS:	\$
INTEREST & DIVIDENDS:	\$	CREDIT CARDS:	\$
MANAGEMENT COMPANY NET INCOME:	\$	OTHER OBLIGATIONS (CHILD SUPPORT/ALIMONY):	\$
OTHER INCOME: (INDICATE SOURCE)	\$	ESTIMATED ANNUAL LIVING COSTS:	\$
TOTAL ANNUAL INCOME:	\$	TOTAL ANNUAL EXPENSES:	\$

ASSETS		LIABILITIES & NET WORTH	
CASH (SAVINGS & CHEQUING):	\$	MORTGAGE ON RESIDENCE:	\$
VALUE OF RESIDENCE:	\$	UNPAID INCOME TAX (PROVIDE DETAILS):	\$
VALUE OF MARKETABLE SECURITIES (STOCKS, BONDS, GIC, TERM DEPOSITS, MUTUAL FUNDS):	\$	CREDIT CARD BALANCES:	\$
VALUE OF RRSP'S:	\$	AMOUNT OWED ON VEHICLE LOANS:	\$
OTHER REAL ESTATE:	\$	OTHER PERSONAL LOANS OR MORTGAGES:	\$
VALUE OF VEHICLES:	\$	OTHER LOAN OR LEASE OBLIGATIONS:	\$
TOTAL ASSETS:	\$	TOTAL LIABILITIES:	\$

CONSENT RESPECTING PERSONAL INFORMATION

The undersigned agrees that Medi-One Financial may collect, use and disclose certain personal and business information ("Information") from you and about you. Information may be collected from and disclosed to our agents, affiliates, third party service providers, credit bureaus, credit reporting agencies, other credit grantors, any person you have or propose to have financial relations with as well as third parties who wish to become involved in the syndication of a loan, lease or other investment in which your Information is relevant, or who are involved in risk assessment, risk management, or due diligence in the context of a financial transaction or proposed financial transaction. You also authorize any person whom we contact in this regard to provide such Information to us. You acknowledge that we may transfer your Information to countries in the world where we do business. As a result, your Information may be accessible to regulatory authorities in accordance with the laws of these jurisdictions. We may collect, use and disclose your Social Insurance Number or other personal identifiers to verify and report credit information to credit bureaus or credit reporting agencies as well as to confirm your identity. We may obtain credit reports from Equifax Canada Inc., Box 190 Station Jean Talon, Montreal, Quebec H1S 2Z2, with telephone 1-800-465-7166 and other similar credit reporting agencies. If you would like to review your own personal information, correct or revise existing information, have any questions, concerns or comments regarding its application please fax 905-582-4816 or email info@medi-one.ca.

Signature: _____

Date: _____