



COMMERCIAL CREDIT APPLICATION

TELEPHONE 416-293-3077

FAX 416-293-4658

PROPER LEGAL NAME OF COMPANY IN FULL AND OPERATING NAME				PHONE NO.		FAX NO.	
ADDRESS					ONTARIO R.I.N. NO.		
CITY		PROVINCE		POSTAL CODE		WEBSITE	
PERSON TO CONTACT		TITLE		EMAIL ADDRESS			
FORM OF ORGANIZATION: CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/>							
NAME OF PRINCIPALS		TITLES		% OF OWNERSHIP		RESIDENCE ADDRESSES	
DATE BUSINESS STARTED/INCORPORATED		TYPE OF BUSINESS			DATE OF LAST FINANCIAL STATEMENT		
BANK	BRANCH ADDRESS		CITY	PHONE NO.	BANK CONTACT		ACCOUNT NUMBER
COMMENTS							
TRADE REFERENCES			ADDRESS		CONTACT NAME		TELEPHONE NO.
<p>I certify that all the information in this application is true and complete. I acknowledge that the personal information gathered may be used by East Metro Auto Leasing (EMAL), its funders, agents and assigns to assess my credit worthiness, provide products, administrate the lease and to perform services as may be requested by me. EMAL may also disclose my personal information to third parties such as but not limited to the manufacturer of my vehicle, credit reporting agencies, financial institutions of financing companies, my insurance agent or company and companies which provide or insure warranties relating to my vehicle. EMAL may also disclose my personal information where they are required or permitted by law to do so. By executing this document below, I have consented to these uses and disclosures.</p>							CUSTOMER NO.
							APPROVAL
<p>X _____ TITLE _____ DATE: _____</p> <p>SIGNATURE OF SIGNING OFFICER (ASO)</p>							DATE: _____

RETURN TO THE ATTENTION OF: _____