



FLEXIBLE FINANCING

Breaking Barriers

CREDIT APPLICATION

LEASE AMOUNT REQUESTED/ EQUIPMENT PRICE: \$		LEASE TERM DESIRED:-	
COMPANY INFORMATION			
Company Operating Name			
Business Address			
BIN Number		Trade Name:	
Years in Business		<input type="checkbox"/> Federal <input type="checkbox"/> Provincial	
Date of Incorporation		% Share of Business:	
Phone		Fax:	
Website		Email:	
Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Any NSF Cheque/sin last 2 Years <input type="checkbox"/> Y <input type="checkbox"/> NO. If Y, when:		Income Tax Paid For Last Year <input type="checkbox"/> Y <input type="checkbox"/> N Tax Year:	
Bankruptcy or Proposal During Lifetime <input type="checkbox"/> Y <input type="checkbox"/> N If Y, when:		Any Judgments or Legal Suits? <input type="checkbox"/> Y <input type="checkbox"/> N	
DIRECTOR 1 INFORMATION			
Full Legal Name		Date of Birth:	
Social Insurance Number		Driver's License#:	
Home Address			
Home Phone		Cell:	
Email			
Home Owner (%) or Rent		Living for: ____ years ____ months	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Dependents:	
Current Employer:			
Monthly Gross Income		Monthly Net Income	
Bankruptcy or Proposal During Lifetime <input type="checkbox"/> Y <input type="checkbox"/> N If Y, when:		Any Judgments or Legal Suits? <input type="checkbox"/> Y <input type="checkbox"/> N	
Any NSF Cheque/sin last 2 Years <input type="checkbox"/> Y <input type="checkbox"/> NO. If Y, when:		Income Tax Paid For Last Year <input type="checkbox"/> Y <input type="checkbox"/> N Tax Year:	
DIRECTOR 2 INFORMATION			
Full Legal Name		Date of Birth:-	
Social Insurance Number		Driver's License #:	
Home Address			
Home Phone		Cell:	
Email			
Home Owner{%) or Rent		Living for:- __ years __ months	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Dependents:	
Current Employer:			
Monthly Gross Income \$		Monthly Net Income	
Bankruptcy or Proposal During Lifetime <input type="checkbox"/> Y <input type="checkbox"/> N If Y, when:		Any Judgments or Legal Suits? <input type="checkbox"/> Y <input type="checkbox"/> N	
Any NSF Cheque/sin last 2 Years <input type="checkbox"/> Y <input type="checkbox"/> NO. If Y, when:		Income Tax Paid For Last Year <input type="checkbox"/> Y <input type="checkbox"/> N Tax Year:	
DIRECTOR 3 INFORMATION			
Full Legal Name		Date of Birth:-	
Social Insurance Number		Driver's License #:	
Home Address			



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Home Phone		Cell:	
Email			
Home Owner (%) or Rent		Living for:-	____ years ____ months
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	Dependents:	
Current Employer:			
Monthly Gross Income	\$	Monthly Net Income	\$
Bankruptcy or Proposal During Lifetime	<input type="checkbox"/> Y <input type="checkbox"/> N. If Y, when:	Any Judgments or Legal Suits?	<input type="checkbox"/> Y <input type="checkbox"/> N
Any NSF Cheque/s in last 2 Years	<input type="checkbox"/> Y <input type="checkbox"/> NO. If Y, when:	Income Tax Paid For Last Year	<input type="checkbox"/> Y <input type="checkbox"/> N. Tax Year:

PERSONAL NET WORTH STATEMENT

ASSETS		LIABILITY	
House Value	\$	Credit Card:	\$
Other Property	\$	Credit Card:	\$
Jewelry	\$	Credit Card	\$
Vehicle –	\$	Mortgage Balance	\$
Vehicle –	\$	Other Property Mortgage Bal.	\$
Life Insurance	\$	Loan 1:	\$
Investments/Stocks	\$	Loan 2:	\$
Accounts Receivables	\$	Loan 3:	\$
Cash	\$	Other Debt:	\$
RRSP	\$	Other Debt:	\$
Total Assets:	\$	Total Liabilities	\$

Personal Net Worth (*total assets minus total liabilities*): \$

CLIENT REFERENCE (Please List Your Biggest Clients For Work)

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

I, the applicant, warrant and confirm that the information given herein is true and correct and I understand that it is being used to determine my credit responsibility and processing of credit application and collection investigation.

or its affiliate are authorized to obtain, share and disclose any information. I authorize 10462233 Canada Inc (Flexible Financing) or its affiliates to whom this application is delivered to obtain my credit report from any credit reporting agency (such as Equifax or Transunion) I acknowledge that Flexible Financing may disclose my personal information regardless of when and how this information was collected, to Third party companies including but not limited to credit reporting agencies, its funders, its agents, its lawyers or other financial institutes or to any other regulatory bodies and any individuals or organizations that I provide as references or who have been engaged to provide me services. I authorize Flexible Financing and its agents to exchange, disclose and share, without limitation, credit related information about myself and my company to any person or corporation with whom I had, have or may have financial relations, which includes, but is not limited to, past, present & future places of employment.

Dated On: _____	Director 1 Signature: _____
Dated On: _____	Director 2 Signature: _____
Dated On: _____	Director 3 Signature: _____