

SUBMIT APPLICATION TO: credit@canawealth.ca

437 Fitzwilliam Street, Suite 103 Nanaimo, BC V9R 3A9 Toll Free: 1.888.393.9696

Date: _____

credit@canawealth.ca www.canawealth.ca

CORPORATE LEASE APPLICATION

COMPANY INFO	ORMATI	ON							
Legal Name:									
Operating Name:									
Address:							City:		
Province:							Postal Code:		
Phone:							Cell:		
Contact Name:	First		Last	1			Email:		
Type of Business:				Gross A	Annual Reve	nue:			No. Of Employees:
Website:							Month/Year Incorporated:		
BANKING INFO	RMATIC	ON							
Bank:							Branch:		
Phone:					Bank Co	ntact:			Yrs. At this Bank:
Landlord or Mo	ortagee				Acc	ount#	ŧ		l l
OWNER(S) If incorporated less than 3 years									
OWNER(S) If in	corpora	ted less than 3 y	/ears						
Owner# 1 First Nam	ne:						Last Name:		
Addres	ss:						City:		
Provinc	ce:		Postal Co	ode:			Phone:		
Owner# 2 First Nam	ne:						Last Name:		
Addres							City:		
			5						
Provinc	ce:		Postal Co	ode:			Phone:		
EQUIPMENT TO	BE LEA	ASED							
Equipment Supplie	er:						Contact:		
Phor	ne:		Cell:				Email:		
Equipment Description	on:		ı						
Preferred term:					Equipment	Cost:			
_								-	
Comment	is								
	p. [CWC] or	any affiliated finan	icial institutio	on and/or f	under/broke	r to ob	tain any necessa	y information f	gning below, I/we authorize or conducting a credit review

1: Signature of Applicant:_____

2: Signature of Applicant:_____