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BUSINESS CREDIT APPLICATION

Use for Businesses that have been established for more than two years (Hospitality and Retail minimum 4 years). Please fill out completely

ALLIANCE REP:		Thad Griffin ext: 356	
Vendor		Term Requested	Amount \$
Code			
Contact	Equipment	NEW USED	
Phone ()	Fax ()	Email	
COMPANY INFORMATION			
Business Legal Name		Operating As (Trade Name)	
Address		Phone ()	
City	Province	Postal Code	Fax ()
Type of Business	Contact	Email	
Business Start Date	Structure	Incorporated	Partnership Proprietorship
BUSINESS BANK		Branch Address	
Contact	Phone ()	Fax ()	
CO-SIGNER/GUARANTOR			
Name	Title	Home Phone ()	
Address			
City	Province	Postal Code	
Social Insurance Number		Date of Birth	
Name	Title	Home Phone ()	
Address			
City	Province	Postal Code	
Social Insurance Number		Date of Birth	
<p>YOU CONFIRM THAT THE INFORMATION YOU HAVE GIVEN US IN RESPECT OF THIS APPLICATION IS TRUE AND COMPLETE, AND YOU AUTHORIZE US TO RELY ON AND USE THIS INFORMATION IN ORDER TO CONFIRM YOUR IDENTITY AND EVALUATE YOUR CREDIT WORTHINESS, IN RELATION TO THE FINANCING CONTRACT BEING ENTERED INTO. IN PARTICULAR, YOU AGREE THAT WE, OUR AFFILIATES AND ANY THIRD PARTIES ACTING FOR US OR ON OUR BEHALF (HEREINAFTER COLLECTIVELY "US", "WE" OR "OUR"), MAY OBTAIN A CREDIT REPORT OR OTHER CREDIT INFORMATION FROM ANY CREDIT REPORTING AGENCY, CREDIT BUREAU OR CREDIT GRANTOR, AND MAY HOLD, USE, EXCHANGE AND DISCLOSE SUCH INFORMATION FOR THE PURPOSES IDENTIFIED ABOVE.</p> <p>IF YOUR APPLICATION IS APPROVED, YOU AUTHORIZE US TO COLLECT, HOLD, USE, EXCHANGE AND DISCLOSE YOUR PERSONAL INFORMATION, AS REQUIRED, IN ORDER TO ADMINISTER YOUR CONTRACT, DETERMINE YOUR INSURANCE ELIGIBILITY, AND SECURE THE ASSETS BEING FINANCED, OR AS REQUIRED OR PERMITTED BY LAW. YOU ALSO AUTHORIZE US TO USE YOUR PERSONAL INFORMATION FOR INTERNAL STATISTICAL ANALYSIS PURPOSES.</p> <p>WE WILL KEEP A FILE CONTAINING SOME OR ALL OF YOUR PERSONAL INFORMATION AT 55 ADMINISTRATION ROAD, SUITE 11, VAUGHAN, ONTARIO, L4K 4G9 FROM TIME TO TIME. YOU HAVE A GENERAL RIGHT TO ACCESS AND RECTIFY THE PERSONAL INFORMATION IN THIS FILE BY MAKING A WRITTEN REQUEST TO THE ABOVE ADDRESS, ATTENTION: PRIVACY OFFICE.</p>			
Authorized Signature	Name (Please Print)	Title	Date
Authorized Signature	Name (Please Print)	Title	Date