



d e l t a w e s t f i n a n c i n g

Tel. 604 761 7403
Port Coquitlam BC, V3B 7Y4
www.deltawestfinancing.com

Credit Application Form

COMPANY INFORMATION

Company Legal Name _____

In Business Since _____ Type of Business _____ Corporation Proprietorship Partnership

Business Address _____

City _____ Province _____ Postal Code _____

E-mail _____ Business Phone _____

PERSONAL INFORMATION

First Name _____ Last Name _____

Home Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Cell Phone _____

Date of Birth _____

EQUIPMENT TO BE LEASED

Description of Equipment _____ New Used

Equipment cost _____ Desired lease term/duration _____

The undersigned certifies that the above information is true and correct. By signing below, I/we consent and authorize Delta West Financing and its representatives, at any time to obtain on an on-going basis, verify, use, communicate with and disclose to third parties (including credit reporting agencies, credit exchanges, leasing brokers and credit grantors) any of my credit, financial and personal information that Delta West Financing deems necessary to complete, service or enforce any lease, ancillary deed or transaction, including but not limited to assignments and securitizations. You/we authorize us to collect, hold and disclose your personal information as requested in order to administer your contract & determine your insurance eligibility as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes. I have read and accepted this Disclosure Statement.

Signature of Applicant _____ Date _____