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CREDIT APPLICATION

LESSEE INFORMATION			
Name:			
Address:		City:	
Province:	Postal code:	Owner Building:	yes <input type="checkbox"/> no <input type="checkbox"/>
Tel.:	Fax:	M/value:	
Type of business:		Mortgage:	
Contact:	Title:	# years/business:	
COMMERCIAL BANK REFERENCES			
Bank:	Address:	Credit line: \$	used: %
Tel.:	Fax:	Contact:	account #:
SHAREHOLDER #1			
Family name:		Surname:	S.I.N.
Address:	Tel.:	Owner: yes <input type="checkbox"/> no <input type="checkbox"/>	M/value: Mortgage:
Pers. bank:	Address:	Phone:	account #:
SHAREHOLDER #2			
Family name:		Surname:	S.I.N.
Address:	Tel.:	Owner: yes <input type="checkbox"/> no <input type="checkbox"/>	M/value: Mortgage:
Pers. bank:	Address:	Phone:	account #:
EQUIPMENT VENDOR			
Name:			
Address:		Tel.:	
Contact:			
Equipment:			
Total cost:			
Less (cash) :			
Amount to finance:			
Term:		Option:	

THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND CORRECT. BY SIGNING BELOW I/WE GIVE MY/OUR AUTHORIZATION TO PROFICOM TO OBTAIN FROM ANY CREDIT REPORTING AGENCY OR CREDIT GRANTOR, COMMERCIAL AND/OR PERSONNAL INFORMATION AS IT MAY REQUIRE AT ANY TIME IN CONNECTION WITH THE CREDIT HEREBY APPLIED FOR, AND CONSENT TO THE DISCLOSURE AT ANYTIME OF ANY COMMERCIAL AND/OR PERSONNAL INFORMATION CONCERNING THE UNDERSIGNED TO ANY CREDIT AGENCY OR TO ANY CREDIT GRANTOR WIITH WHOM THE UNDERSIGNED HAS FINANCIAL RELATIONS.

 Signature of Applicant

 Signature of Co-Applicant

 Date



COMPLEMENTARY INFORMATION

Please provide the following documents:

- Fully completed and signed Commercial Credit Application;
- Provide the last three- (3) years fiscal financial statements;
- Provide the most recent interim financial statements (if available);
- If not incorporated, provide the last two (2) years Income Tax Reports.

HISTORY OF THE COMPANY (year founded, name of shareholders, management experience in the industry, etc.):

PRODUCTS AND/OR SERVICES PROVIDED (short background on the operations, products &/or services, number employees, etc.):

INFORMATION ON THE CLIENTELE/CONTRACTS ON HAND (list major clients, full details on major contracts on hand & number of years with client, etc.):

PURPOSE OF THE ACQUISITION (replacement or addition; higher sales &/or lower expenses, improve productivity, etc.):

EQUIPMENT OWNED & OPERATED BY THE COMPANY, INCLUDING THE YEAR/MODEL (including who does the repairs & maintenance):

Personal Net Worth Statement

APPLICANT INFORMATION

Name			Marital Status		Social Insurance Number		
First	Middle	Last	Single, Married, Divorced, C/Law		_____ - _____ - _____		
Telephone Numbers			Date of Birth		No of Dependents		Name of Spouse
Home		Cell	DD/MM/YY				
Office		Fax					
Present Address			Years There		Previous Address		
Street Address		Apt No	Yrs		Street Address		Apt No
City		Province	Postal Code		City		Province
			Rent or Owned (Circle One)				
Present Employer			Tel No		Monthly Gross Income		How Paid ?
					\$		Wkly or Monthly
Employers Street Address					How long employed?		Contact Name
City, Province, Postal Code							
Past Employer			Tel No		Monthly Gross Income		How Paid ?
					\$		Wkly or Monthly
Employers Street Address					How long employed?		Contact Name
City, Province, Postal Code							

SPOUSE'S EMPLOYER INFORMATION

Present Employer			Tel No		Monthly Gross Income		How Paid ?
					\$		Wkly or Monthly
Employers Street Address					How long employed?		Contact Name
City, Province, Postal Code							

DECLARATION

I, the undersigned, 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. _____ (hereinafter called "Company") is authorized to obtain, and any source is authorized to disclose, any information Company may require at any time relative to this application from each source to which Company may apply and each such source is hereby authorized to provide Company with such information. Company is furthermore authorized to disclose in response to direct inquiries from any other lender or any Credit Bureau, such information on my account as Company considers appropriate and I agree to Indemnify Company against, and save Company harmless from, any and all claims in damages or otherwise arising from such disclosure on Company's part.

I acknowledge that I have been informed by Company of its representatives that the personal information collected is collected, used and disclosed for the following purposes: (a) understanding the needs of, and determining the suitability of particular products or services for, _____, hereinafter called "Applicant" including creating and maintaining credit scoring models; (b) determining Applicant's eligibility for products and services, including the identification of any guarantors; assessing applications and conducting initial and periodic credit checks; (c) providing Applicant with relevant products, services or information including information about promotions or other opportunities by whatever means (including direct marketing) offered by Company and selected service providers in which I may be interested; (d) maintaining an on-going relationship with the me; (e) where circumstances require, collecting amounts outstanding from me and those have provided security for me; (f) protecting against fraud; or (g) meeting legal and regulatory requirements, including tax or other reporting requirements.

I understand the Company's collection, use and disclosure of my personal information shall be done in accordance with its Privacy Policy and applicable law and hereby consent to such collection, use and disclosure.

I specifically acknowledge that Company may disclose my personal information regardless of when or how such information was collected, to its service providers; its agents, contractors, lawyers and external advisors; payment system operators; credit reporting agencies; rating agencies; other financial institutions and credit providers; government and other regulatory bodies; and any individuals or organizations that: (i) I provide as references; (ii) who act on my behalf, or (iii) who have been engaged to provide services to me.

I further specifically acknowledge that Company may assign this transaction in whole or in part from time to time and agree that any personal information collected may be made available to any such proposed assignee or the banker or funder of Company.

COMPLETE THE REVERSE SIDE WHICH IS PART OF THIS STATEMENT

X _____
Customer's Signature

_____ Dated

X _____
Customer's Signature

_____ Dated

REVERSE SIDE OF THIS PERSONAL NET WORTH STATEMENT

PERSONAL NET WORTH STATEMENT

ASSETS	CASH VALUE	LIABILITIES	BALANCE OWING
Cash Holdings		Credit Cards - Please list name/amount due	
Cash	\$ _____	1) _____	\$ _____
Accounts Receivable	\$ _____	2) _____	\$ _____
Total Cash Available		3) _____	\$ _____
Real Estate (Description)		Mortgages - Mortgage Co Information	
1) _____	\$ _____	1) _____	\$ _____
2) _____	\$ _____	2) _____	\$ _____
Other Investments		Bank / Finance Loans	
RRSP Investments (Total)	\$ _____	1) _____	\$ _____
Stocks, Bonds, Investments (Total)	\$ _____	2) _____	\$ _____
Cash Surrender Value of Life Insurance (Not policy face value)	\$ _____	3) _____	\$ _____
Automobiles/Boats/Snowmobiles/ etc		Other Debts - Please describe	
1) _____	\$ _____	1) _____	\$ _____
2) _____	\$ _____	2) _____	\$ _____
3) _____	\$ _____	3) _____	\$ _____
4) _____	\$ _____	4) _____	\$ _____
5) _____	\$ _____	5) _____	\$ _____
6) _____	\$ _____	6) _____	\$ _____
Other Assets - Please describe			
1) _____	\$ _____	1) _____	\$ _____
2) _____	\$ _____	2) _____	\$ _____
3) _____	\$ _____	3) _____	\$ _____
4) _____	\$ _____	4) _____	\$ _____
5) _____	\$ _____	5) _____	\$ _____
6) _____	\$ _____	6) _____	\$ _____
Total Assets	\$ _____	Total Liabilities	\$ _____
		Personal Net Worth	\$ _____
		Total Liabilities + Personal Net Worth	\$ _____

BANK INFORMATION

Bank _____	Account No _____	Type of Account _____
Address _____	Tel No _____	Contact No _____
City, Province _____	Line of Credit \$ _____	

FINANCE COMPANY AND TRADE REFERENCES

Name of Institution	Collateral	Payment
1) _____		\$ _____
2) _____		\$ _____
3) _____		\$ _____

CORPORATION OR PARTNERSHIP INFORMATION

Corporation Name and Address	Principals Name	Principals Address	Title	% Ownership
Name - _____				
Address - _____				
City - _____				
Province - _____				
Postal Code - _____				
Operating Name - _____				

Have you ever declared bankruptcy ?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Please explain
Have you written an NSF Cheque(s) in the past three years?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Have you any judgements or legal proceedings against you?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	

X _____
Customer's Signature

Dated

X _____
Customer's Signature

Dated