

**DELOSTONE  
ASSETS  
LIMITED**

# CREDIT APPLICATION

www.delostone.ca

899 Tungsten Street  
Thunder Bay, Ontario  
P7B6H2  
Voice: (807) 344-8899  
Fax: (807) 344-8111  
Email: deloston@tbaytel.net

## COMPANY

Full legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Legal Structure: Incorporated ( ) Partnership ( ) Proprietorship ( ) Years in Business: \_\_\_\_\_  
Premises Owned: \_\_\_\_\_ Name & Address of Landlord: \_\_\_\_\_

## FINANCIAL

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
How Long: \_\_\_\_\_ Account #: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_  
Secondary Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
(and/or former Bank if under 2 years)

## PRINCIPAL(s)

Full Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone No: (\_\_\_\_\_) \_\_\_\_\_  
Circle: Rent/Own ? How Long: \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
Title: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

## PRINCIPAL(s)

Full Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone No: (\_\_\_\_\_) \_\_\_\_\_  
Circle: Rent/Own ? How Long: \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
Title: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

## TRADE REFERENCES: (Including other lease companies)

Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

The undersigned certifies the above information to be true and correct. BY SIGNING BELOW, I/WE CONSENT TO THE OBTAINING FROM ANY CREDIT REPORTING AGENCY OR CREDIT GRANTOR, SUCH INFORMATION AS DELOSTONE MAY REQUIRE AT ANY TIME IN CONNECTION WITH THE CREDIT HEREBY APPLIED FOR, and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or to any credit grantor with whom the undersigned has financial relations.

Signature of Principal (s): \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* ATTACH BUSINESS FINANCIAL STATEMENTS FOR ALL APPLICATIONS \$20,000 AND OVER \*\*\***

**\*\*ATTACH PERSONAL FINANCIAL STATEMENTS FOR ALL APPLICATIONS \$10,000 - 20,000**

## EQUIPMENT INFORMATION

Supplier Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Supplier Rep: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**EQUIPMENT DESCRIPTION:** ( Year, Make, Model, Serial No.)

LEASE COST : \$ \_\_\_\_\_ (before taxes) TERM: \_\_\_\_\_ INSURANCE: YES / NO