

Legal Business Name		Operating As		# Years
Street Address		City/Province	Postal Code	Contact
Ph ( )	Fax ( )	Cell ( )	Mailing Address <i>If Different From Above</i>	
Type Of Business <i>(Please Attach Any Contract Or Income Projections Generated From This Equipment)</i>			Incorp. Date YYYY/MM/DD	

## PRINCIPALS, OWNERS, SHAREHOLDERS

Name	Address	SIN ____-____-____ DOB YYYY/MM/DD	Ph ( )
Name	Address	SIN ____-____-____ DOB YYYY/MM/DD	Ph ( )
Name	Address	SIN ____-____-____ DOB YYYY/MM/DD	Ph ( )

<b>PURPOSE FOR PURCHASE</b>  <input type="checkbox"/> Expansion <input type="checkbox"/> Replace Existing Equipment <input type="checkbox"/> New Business	Is this a seasonal business? Yes <input type="checkbox"/> No <input type="checkbox"/>	The Primary Location or Route of the Equipment will be:
	Do you own any other business? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Will anyone else be using/operating this equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Do you have any other leases? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes with whom?	

## TRADE REFERENCES

1	Address	Ph ( )	Fax ( )
2	Address	Ph ( )	Fax ( )
3	Address	Ph ( )	Fax ( )
Bank	Branch	Contact	Ph ( ) Fax ( )
Personal Bank	Branch	Contact	Ph ( ) Fax ( )
Insurance Co.		Contact	Ph ( ) Fax ( )

Total Purchase Price	Down Payment/Trade Value	Equipment Description	Term
Supplier:	Address		Phone ( )
Contact Name:			Fax ( )
Phone ( )	Fax ( )	Salesman	

The undersigned certifies the foregoing information to be true and correct. We consent to CEM Financial Services Inc. collecting and using information from any credit grantor and credit reporting agency and any of the references provided and using this information in order to determine our credit worthiness and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or credit grantor with whom the undersigned or CEM Financial Services Inc. has financial relations. I acknowledge that if I have any questions regarding this information I may contact the offices of CEM Financial Services Inc.

Authorized Signature

Date

YYYY/MM/DD