



## APPLICATION FOR COMMERCIAL FINANCING BUSINESS

Company name:	
Address:	
City:	Postal Code:
Email:	Website:
Tel.: (    )	Cell / Page: (    )
Owner: Yes      No	In whose name:      Value / Balance:
Years in business:	Business activity:
Responsible:	Title:

Mortgage Bank:	Account number:
Address:	
Tel.: (    )	

Business Bank:	Account number:
Address:	
Tel.: (    )	
Line of credit:	Head of account:

SUPPLIER	
Name:	
Address:	
Tel.: (    )	Responsible:

EQUIPMENT TO LEASE	

Cost of the equipment:	(before taxes)
Term:	(months)
SOURCE:	
Agent / Broker:	
Date / Time:	

FOR INTERNAL USE	
TOTAL COST:	
- EXCHANGE / CASH:	
+ IN PROGRESS:	
TOTAL AMOUNT AT RISK:	

Please complete this form and send it back to [info@tridentleasing.ca](mailto:info@tridentleasing.ca)  
 For information call us at 514-315-2045 or [info@tridentleasing.ca](mailto:info@tridentleasing.ca)