

Phone: (416) 292-4771

(888) 825-7690 (416) 292-6090

(888) 825-7802



Rep: Nadine Harding Date: _____

Fax:

COMMERCIAL CREDIT APPLICATION

http://www.privcom.gc.ca

Amount:			Term:		Via Trailers Contact:			
Trailer Des	scription:							
			LESSEE'S IN	FORMAT	ION			
Company 1	Legal Name:				Contact & Title			
Address:			City:			Prov:		Postal Code:
Tel: Bu		Busine	Business Type: Corporation			Partnership Proprietorship		
Fax:					1	specify:		
		Years under Ownership:	rs under current Website wership:			:		
PRINCIP	AL INFORMATION	N IS REOUIR	ED FOR COM	PANIES U	NDER 5YI	RS & FOI	R PRO	PRIETORSHIPS
Name:			Date of Birth:		Social Ins No:		Phone Number:	
Home Address:			City:		Prov:		Postal Code:	
Own Rent How Long at Current Address		nt Address:	Estimated Home Value:		Mortgage Balance:		Monthly Payment:	
J	d certifies this above information CTS AND HONOURS YOU			IISE.				
By signing this A	pplication, each of you, being the	ne parties signing (in	cluding all lessees and	all guarantors)	agrees that Mayo	& Associates	is authoriz	zed and entitled to:
includes dis service pro This use, d	viders, in order to determine an	Personal Information nd verify, on an on-go r Personal Informatio	on an on-going basis woing basis, your continuon will continue as long	vith credit burea uing eligibility for as either your le	us, credit reportin your lease and y	ig agencies ar our continuing	nd financial ability to r	ncial obligations. This use I institutions or their agents, or to meet your financial obligations. erted to, is outstanding, and will
information	obtained by us from time to tin and/or own all or any part of yo	ne pursuant to parag	raph (a) above (collect	ively your "Pers	onal Information	") to other or	ganizations	onnection with your lease and an s which may fund all or any part our lease to inspect your Persona
	ayo pursuant to paragraphs (a) e and the security securing you							ur Personal Information. Even our interests in the lease.
	pplication, you also agree that l h information about services an							o in (b) above, for the purpose of interest (the "Secondary
and forward it to		ent. To obtain an O	pt Out form, please cor	ntact a service re	presentative at 1	(888) 825-7690	. Howeve	you must sign an Opt Out form r, if you withdraw your consent to
Signature o	f Applicant	Date			Priva	cv Comm	issione	er Website