

**BUSINESS INFORMATION**

Legal Name of Company: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address (If different than above): \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Annual Sales: \_\_\_\_\_ In Business Since: \_\_\_\_\_ Years Under Current Ownership: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_  Proprietorship  Partnership  Corporation

**PRINCIPAL / OWNER INFORMATION**

Principal/Owner (1): \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Post Code: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SI #: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Principal/Owner (2): \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Post Code: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SI #: \_\_\_\_\_ % Ownership: \_\_\_\_\_

**BANK / LOAN / LEASE / TRADE REFERENCES**

Business Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact: \_\_\_\_\_

Bank Loan Reference: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact: \_\_\_\_\_

Comparable Lease Reference: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact: \_\_\_\_\_

**EQUIPMENT / LEASE INFORMATION**

Tru Tech Equipment Description: \_\_\_\_\_ New/Used? \_\_\_\_\_ Equipment Cost: \$ \_\_\_\_\_

Preferred Lease Term: 24 36 48 60 72 84 Months Down Pmt/Trade-in Amt: \$ \_\_\_\_\_ Purchase Option: \$1.00 10% FMV

We authorize and request you and/or your agents and assigns and their affiliates to investigate our financial responsibility and creditworthiness and to share it and collection information with your other creditors. By signing this application we certify the information stated in this application is true and correct and authorize and request our references listed above to release to you any pertinent requested information.

Principal (1) Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Principal (2) Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax the completed application to 877-377-5956 / Phone: 866-587-4222**