



The Cancorp Group Ltd.

Tel: (905) 277- 8555 Fax: (905) 276- 6886

Web Site: www.thecancorpgroup.com

BUSINESS CREDIT APPLICATION

Use for Businesses that have been established for more than two years (Hospitality and Retail minimum 4 years). Please fill out completely

		Contact:	Anthony J, Cancorp Group Ltd.		
Vendor		Term Requested	Amount \$		Code
Contact		Equipment			NEW USED
Phone ()		Fax ()		Email	
COMPANY INFORMATION					
Business Legal Name			Operating As (Trade Name)		
Address			Phone ()		
City		Province	Postal Code	Fax ()	
Type of Business		Contact	Email		
Business Start Date		Structure <input type="checkbox"/> Incorporated <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship			
BUSINESS BANK		Branch Address			
Contact		Phone ()		Fax ()	
PRINCIPALS OF THE COMPANY					
Name		Title	Home Phone ()		
Address					
City		Province	Postal Code		
Interest in Business (%)		Social Insurance Number	Date of Birth		
Name		Title	Home Phone ()		
Address					
City		Province	Postal Code		
Interest in Business (%)		Social Insurance Number	Date of Birth		
<p>YOU CONFIRM THAT THE INFORMATION YOU HAVE GIVEN US IN RESPECT OF THIS APPLICATION IS TRUE AND COMPLETE, AND YOU AUTHORIZE US TO RELY ON AND USE THIS INFORMATION IN ORDER TO CONFIRM YOUR IDENTITY AND EVALUATE YOUR CREDIT WORTHINESS, IN RELATION TO THE FINANCING CONTRACT BEING ENTERED INTO. IN PARTICULAR, YOU AGREE THAT WE, OUR AFFILIATES AND ANY THIRD PARTIES ACTING FOR US OR ON OUR BEHALF (HEREINAFTER COLLECTIVELY "US", "WE" OR "OUR"), MAY OBTAIN A CREDIT REPORT OR OTHER CREDIT INFORMATION FROM ANY CREDIT REPORTING AGENCY, CREDIT BUREAU OR CREDIT GRANTOR, AND MAY HOLD, USE, EXCHANGE AND DISCLOSE SUCH INFORMATION FOR THE PURPOSES IDENTIFIED ABOVE.</p> <p>IF YOUR APPLICATION IS APPROVED, YOU AUTHORIZE US TO COLLECT, HOLD, USE, EXCHANGE AND DISCLOSE YOUR PERSONAL INFORMATION, AS REQUIRED, IN ORDER TO ADMINISTER YOUR CONTRACT, DETERMINE YOUR INSURANCE ELIGIBILITY, AND SECURE THE ASSETS BEING FINANCED, OR AS REQUIRED OR PERMITTED BY LAW. YOU ALSO AUTHORIZE US TO USE YOUR PERSONAL INFORMATION FOR INTERNAL STATISTICAL ANALYSIS PURPOSES.</p> <p>WE WILL KEEP A FILE CONTAINING SOME OR ALL OF YOUR PERSONAL INFORMATION AT 55 ADMINISTRATION ROAD, SUITE 11, VAUGHAN, ONTARIO, L4K 4G9 FROM TIME TO TIME. YOU HAVE A GENERAL RIGHT TO ACCESS AND RECTIFY THE PERSONAL INFORMATION IN THIS FILE BY MAKING A WRITTEN REQUEST TO THE ABOVE ADDRESS, ATTENTION: PRIVACY OFFICE.</p>					
Authorized Signature		Name (Please Print)		Title	Date
Authorized Signature		Name (Please Print)		Title	Date