



IG Financial Group

Comprehensive and Innovative Financing Solutions

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COMMERCIAL CREDIT APPLICATION

VENDOR	VENDOR NAME:		EQUIPMENT DESCRIPTION:		
	SALES REP:		EQUIPMENT COST:	TERM:	PAYMENT:
			\$		\$
	TELEPHONE:	FAX:	EMAIL:	WEBSITE:	
	()	()			
COMPANY INFORMATION	FULL COMPANY NAME:				
	ADDRESS:				
	CITY:	PROVINCE:	POSTAL CODE:	TELEPHONE:	
				()	
	TYPE OF BUSINESS:	BUSINESS START DATE:(MM/DD/YYYY)		FAX:	
			()		
	NO OF EMPLOYEES:	INCORPORATED <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	PROPRIETORSHIP <input type="checkbox"/>	
FINANCIAL SUMMARY	TOTAL REVENUE/SALES:		TOTAL ASSETS:		
	\$		\$		
	INCOME BEFORE TAXES:		TOTAL DEBT:		
	\$		\$		
	NET INCOME AFTER TAXES:		TOTAL SHAREHOLDERS EQUITY:		
	\$		\$		
BANK REFERENCES	BANK NAME:		ACCOUNT NO (S):		
	ADDRESS:		TELEPHONE:		
			()		
OWNER/ GUARANTOR INFORMATION (COMPLETE FOR PROPRIETORSHIPS AND BUSINESSES LESS THAN 3 YEARS OLD)	LAST NAME:		FIRST NAME:	INITIALS:	
	SOCIAL INSURANCE NO:	DATE OF BIRTH (mm/dd/yyyy)	HOME TELEPHONE:	GROSS MONTHLY INCOME:	
			()	\$	
	CURRENT RES. ADDRESS:	OWN <input type="checkbox"/>	LIVE WITH PARENTS <input type="checkbox"/>	HOME TELEPHONE: HOW LONG?	
		RENT <input type="checkbox"/>	OTHER <input type="checkbox"/>	()	
	ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:	
	PREVIOUS EMPLOYER:	POSITION:	TITLE:	HOW LONG?	
AUTHORIZATION AND CONSENT RESPECTING PERSONAL INFORMATION	<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 OUR OFFICE 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> <p>PLEASE SIGN BELOW</p> <p>X _____ DATE: _____ (APPLICANT)</p> <p>X _____ DATE: _____ (CO-APPLICANT, IF APPLICABLE)</p>				