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 Winnipeg, MB R3C 0Y1
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CREDIT APPLICATION *(Please Print Clearly)*

Company Operating Name:	
Address:	Telephone:
City/Province:	Cellular:
Postal Code:	Fax:
Contact:	Email:
Type of Business:	Years owned:
If Farmer, Amount of Land Owned:	Rented:
Legal Structure:	Incorporated <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>

PERSONAL INFORMATION

Name:	Name:
Address:	Address:
City/Province:	City/Province:
Postal Code:	Postal Code:
Years at current residence:	Years at current residence:
Telephone:	Telephone:
Cellular:	Cellular:
Social Insurance Number:	Social Insurance Number:
Date of Birth (mm/dd/yyyy):	Date of Birth (mm/dd/yyyy):
Marital Status: Single <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
Homeowner Y/N?:	Homeowner Y/N?:
Value of Real Estate (\$):	Value of Real Estate (\$):
Mortgage Balance (\$):	Mortgage Balance (\$):
Previous Bankruptcy Y/N?:	Previous Bankruptcy Y/N?:

PREVIOUS EMPLOYMENT *(If in business less than 2 years)*

Company:
Type of Business:
Position:
Address:
Length of Employment:

PREVIOUS ADDRESS *(If less than 2 years)*

Address:
City/Province:
Since:

VENDOR INFORMATION

Name:	Contact:
Address:	Telephone:
City/Province:	Fax:
Postal Code:	Email:

EQUIPMENT DESCRIPTION

Quantity	Description	Price

PAYMENT TERMS

Total Cost (\$):	Residual: Please check box 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> Lease to Own <input type="checkbox"/> Other _____
Deposit (\$):	Term Months: Please check box 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/>
Trade Value (\$):	Payments: Please check box Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/>
Leased Amount (\$):	

CONSENTMENT AND SIGNATURE: The undersigned certifies that the above information is true and correct. By signing or submitting below, I/we consent to Polaris Leasing Ltd. and/or its warranty obtaining from any Credit Reporting Agency or Credit Grantor with whom the undersigned has financial relations, any information it may require at any time in connection with the credit application hereby, and consent to its full disclosure at any time.

Signature (A)

Signature (B)

Date