

COMMERCIAL BUSINESS APPLICATION

Lessee Title:		Principle(s) Name	
Legal Business Name:		Sole Proprietorship	
Office Phone: Cell:		General Partnership	
Email:		Corporation LTD or INC	
Registered: Business Address		Other	
		Years in Business	
		Independent Lease Operator	

EQUIPMENT AND BANKING INFORMATION

Equipment Make, Model, Year		Desired Payment \$	
Equipment Vendor Name		Desired Term /Months	
Equipment Vendor Address Equipment Vendor Contact		Desired Down Payment \$ Banking Information Account number	

Capital Cost of Equipment \$. Type of Accounts Savings Checking Other

PRINCIPALS PERSONAL NETWORTH STATEMENT SIN# _____ ASSETS LIABILITIES

Cash, Checking, Savings		Mortgage (Home) #1	
Real Estate #1 Real Estate #2 Stocks, Bonds, GIC's		Mortgage (Home or Property) #2 Stocks and Bonds Loan Bank Loans	
Auto #1		Auto Loans #1	
Auto #2		Auto Loans #2	
RRSP's (With)		Lines of Credit	
Life Insurance Term Value		Credit Cards (MC, Visa, AMEX)	
Other Assets		Other Dept.	
NET ASSET VALUE		TOTAL LIABILITIES	
Type of Bank Accounts	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	PERSONAL NETWORTH EQUALS	

CERTIFICATION AND CONSENT TO COLLECT, USE AND DISCLOSE INFORMATION

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 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 (HEREAFTER COLLECTIVELY "US" "WE" OR "OUR"), MY OBTAIN A CREDIT REPORT OR OTHER CREDIT INFORMATION FROM ANY CREDIT REPORTING AGENCY, CREDIT BUREAU OR CREDIT GRANTOR AND MAY HOLD, USE EXCHANGE AND DISCLOSES SUCH INFORMATION FOR THE PURPOSES IDENTIFIED ABOVE. 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. WE WILL KEEP A FILE CONTAINING SOME OR ALL OF YOUR PERSONAL INFORMATION AT NPC Head Office at 45930 Bogey Pl, Chilliwack, BC Canada V2R 0Z8 FROM TIME TO TIME. YOU HAVE GENERAL RIGHT TO ACCESS AND RECTIFY THE PERSONAL INFORMATION IN THIS FILE BY MAKING A WRITTEN REQUEST TO THE ABOVE ADDRESS, ATTENTION, PRIVACY OFFICE.

Signature		Date:	
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