

COMMERCIAL CREDIT APPLICATION

Matrix Capital Solutions Inc. Unit 12 • 313A Lonsdale Road • Toronto, ON • M4V 1X3 Attention: Credit Dept. (TEL) 416-937-3154 (FAX) 416-489-1406

VENDOR NAME:

I. LESSEE (CUSTOMER) INFORMATION

Company: Full Legal Name								
Current Address								
City		Province	Postal Code					
Phone: ()	Fax: ()							
Yrs in Business	Type of Business							
II. BANK REFERENCE								
Bank Name	Contact		Phone#					
Account #	Previous Bank (if less than 1yr)							
III. TRADE REFERENCE								
Name & Address	Contact		Phone#					
		IENT INFORM						
Equipment Description:	New Used	*	Equipment Cost \$					
			Other Costs \$					
			Please specify below**					
			Less: Discount \$					
* Equipment Age:			Less: Down payment \$					
Financing Options:			Total \$					
Lease Term	Purchase Option		**					
V. BUSINESS OWNERSHIP INFORMATION								
Proprietorship or Partnership or Corporation or Other								
(1) Owner's: Full Legal Name								
Personal Address								
Home Telephone () % of Ownership								
Social Insurance Number If Applicable:			Date of Birth					
(2) Owner's: Full Legal Name	Э							



Personal Address

Home Telephone (

% of Ownership

Social Insurance Number

Date of Birth

VI. PERSONAL NET WORTH (Owner#1) Name: ASSETS Value LIABILITIES Balance Monthly

\$					
\$					
\$					
\$					
\$					
\$					
\$					
\$					
NET WORTH (Total Assets – Total Liabilities) =					

LIABILITIES	<u>Balance</u>	Monthly Pmt		
Mortgage Owing \$		<u>\$</u>		
Mortgage Owing \$		<u>\$</u>		
Loans	\$	<u>\$</u>		
	\$	<u>\$</u>		
Credit Cards Owing \$		<u>\$</u>		
	\$	<u>\$</u>		
Other	\$	<u>\$</u>		
TOTAL LIABILITIES \$		<u>\$</u>		
\$				

VII. PERSONAL NET WORTH (Owner #2, if applicable) Name:

ASSETS	Value	LIABILITIES	<u>Balance</u>	Monthly Pmt
Residence	\$	Mortgage Owing \$		<u>\$</u>
Other Real Estate	\$	Mortgage Owing \$		\$
Cash	\$	Loans	\$	<u>\$</u>
Personal Vehicles	\$		\$	<u>\$</u>
Investments	\$	Credit Cards Owing \$		<u>\$</u>
	\$		\$	<u>\$</u>
RRSP	\$	Other	\$	<u>\$</u>
TOTAL ASSETS	\$	TOTAL LIABILITIES \$		<u>\$</u>
NET WORTH (Total Assets – Total Liabilities) =		\$		

You confirm that the information you have given us in respect f 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 connectively "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.

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 of all of your information at our office(s). From time to time, you will have a general right to access and rectify the personal information in this file by making a request to our office in writing.

Date:

(1) Signature:

_Date: _

Owner (1): Full Name (First-Middle-Last)

(2) Signature:

Owner (2): Full Name (First-Middle-Last)