

## **BUSINESS DETAILS**

Full Legal Name:	DBA/Operating As:
Business Registration Type: O Corporate O Partnership O Sole Proprietor	In Business since:
Address Incl. Postal Code:	
Business Premises: O Owned O Leased	Website:
Primary Contact:	Email:
Work#:	Nature of Business:
Total Number of Employees:	
PPLICATION DETAILS  Full Legal Name:	Date of Birth:
SIN:	
Email Address:	Mobile Phone:
Same as Business Address Street Address including Postal Code:	How Long at Current Address:
Own or Rent: O Own O Rent	Marital Status:
Have you ever filed for bankruptcy? O Yes O No	If yes, when?
Present Employer: Position:	Start Date:
Business Ownership Percentage:	Industry Experience (Years):
O-APPLICANT DETAILS	
Full Legal Name:	Date of Birth:
SIN:	
Email Address:	Mobile Phone:
Present Employer: Position:	Start Date:
Gross Annual Income:	Relationship to Applicant:

## FINANCIAL INFORMATION

Value of Real Estate: \$	Mortgage Balance: \$
Total Savings & Investment: \$	Credit Card Debt/Balances: \$
Other Personal Assets (excluding home): \$	Loans and LOC: \$
Personal Gross Annual Income: \$	Company Gross Annual Income: \$
Company Net Annual Income: \$	Expected Additional Monthly Income from Equipment Purchase: \$
UIPMENT TO BE LEASED / FINAM	NCED
Reason for Equipment Acquisition:	
Equipment Description; Year:	
Make:	
Model:	
Additional Equipment Details	
New or Used: New Used	KM/Hrs:
Vendor:	Contact:
Price:\$	Down Payment: \$
DITIONAL COMMENTS	
ttached to complete this application. By signing below, I consent and authorize Quip immunicate with and disclose to third parties (including credit reporting agencies, cre sonal information that Quip deems necessary to complete, service or enforce any lea eact, hold, exchange, and disclose your personal information as requested in ordert norize us to use your personal information for internal statistical analysis purposes.	application and or Appendix A to be true and correct. Appendix A refers to any information provided, collected a p Finance ("Quip") and its Lenders and representatives, at any time to obtain on an on-going basis, verify, use, redit exchanges, lenders, leasing brokers, and credit grantors, on an on-going basis) any of my credit, financial, a
ttached to complete this application. By signing below, I consent and authorize Quip imunicate with and disclose to third parties (including credit reporting agencies, cre- sonal information that Quip deems necessary to complete, service or enforce any lea- set, hold, exchange, and disclose your personal information as requested in order torrize us to use your personal information for internal statistical analysis purposes, stions, concerns or comments regarding its application please email admin@quipfi	application and or Appendix A to be true and correct. Appendix A refers to any information provided, collected a p Finance ("Quip") and its Lenders and representatives, at any time to obtain on an on-going basis, verify, use, redit exchanges, lenders, leasing brokers, and credit grantors, on an on-going basis) any of my credit, financial, a ase, ancillary deed or transaction, including but not limited to assignments and securitizations. You authorize us to administer your contract & determine your insurance eligibility as required or permitted by law. You also in If you would like to review your own personal information, correct or revise existing information, have any
ttached to complete this application. By signing below, I consent and authorize Quip immunicate with and disclose to third parties (including credit reporting agencies, cre sonal information that Quip deems necessary to complete, service or enforce any lea eact, hold, exchange, and disclose your personal information as requested in ordert norize us to use your personal information for internal statistical analysis purposes.	edit exchanges, lenders, leasing brokers, and credit grantors, on an on-going basis) any of my credit, financial, a ase, ancillary deed or transaction, including but not limited to assignments and securitizations. You authorize us to administer your contract & determine your insurance eligibility as required or permitted by law. You also but to the toreview your own personal information, correct or revise existing information, have any