Fibreclean Supplies Ltd Lease Credit Application

Signature of Applicant:

				
Business Name:				Years in Business:
Address:		City/Province:		Postal Code:
Telephone:	Facsimil	e:	Contact:	
Type of Ownership: Pr	roprietorship	□ Corporation		Partnership
Officers: President/Owner		VP/Sect. Treasure	r	
Personal information (If opera	iting as Proprie	torship)		
Name:		DOB (MM/DD/YY)		SIN:
Address:		City/Province:		Postal Code:
Home Phone:		Bus. Phone:		Years at this address:
Rented/Owned:		Mortgage Holder/Landlord:		
Monthly Rent/Mortgage Paymer	nt:	Mortgage Balance:		Value of Home:
Present Employer:		Gross Monthly Income:		Years employed:
Previous Employer (If less than	2 years at currer	nt)		
Name of Spouse:		DOB (MM/DD/YY)		SIN
Spouse's Employer:		Gross Monthly Income:		Years employed:
Financial Details				
Financial Details				G':
Bank Name:		Address:		City
Province: Postal Code:	Contact:	Tel:		Acct #:
Loan:		Monthly payment:		Balance owing:
Loan:		Monthly payment:		Balance owing:
Trade references				
Name of Creditor		Tel:		Contact:
Name of Creditor		Tel:		Contact:
Name of Creditor		Tel:		Contact:
I/We, the Applicant, certify tha authority for the above applic credit, banking and other infor for and any renewal or exterior information concerning the approposes to have financial relations.	cant. I/we, the mation as may ension thereof oplicant to any i	Applicant consents to the be required at any time in co and to the disclosure of	obtaining onnection any busi	of business and/or personal with the credit hereby applied ness and/or personal credit

Date: