



Credit Application

TO: Dave Dowhaniuk
 Fax to 780-437-7268
 Email to credit@pcclease.com

Full Legal Name		Operating As (trade name)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership		In Business Since (Month/Year)	# of Employees
Address including Zip / Postal Code		Equipment location address (if different)	
Website		E-mail	
Phone ()	Fax ()	Cell ()	Contact
Nature of Business		Average Monthly Income \$	
Reason for Equipment			

PRINCIPAL/PERSONAL INFORMATION

1. Full Name	Date of Birth (dd/mm/yy)	SSN #		
Address	How Long?	Own/Rent	Value \$	Mtg. Balance \$
City, Province	Postal Code	Home Phone		
Previous Employment	How Long?	Bankruptcy?	Yes	No
			When?	

CREDIT REFERENCES

Trade Reference (Name)	How Long?	Phone Number	Contact Name	Credit Limit \$
Trade Reference (Name)	How Long?	Phone Number	Contact Name	Credit Limit \$
Personal or Business Reference (Name)	How Long?	Phone Number	Contact Name (if business reference)	
Bank	Branch	How Long?		
Contact	Phone and Fax	Account #		

EQUIPMENT TO BE LEASED

Description including Year Make Model etc.		
Cost \$	Term	Vendor
Representative	Phone ()	Fax ()
<p>The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize the following entities: Prime Capital Group Inc Xpedite Leasing Inc and 941315 Alberta Ltd., (collectively known Prime Capital Group) and its representatives, and any potential credit grantor assignee, at any time to obtain on an on-going basis, verify, use, communicate with and disclose to third parties (including credit reporting agencies, credit exchanges, leasing brokers, on an on-going basis) any of my credit, financial, and personal information that Prime or its agents or affiliates deems necessary to complete, service or enforce any lease, ancillary deed or transaction, including but not limited to assignments and securitizations.</p> <p>You authorize us to collect, hold, exchange and disclose your personal information as requested in order to administer your contract & determine your insurance eligibility as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes.</p> <p>If you would like to review your own personal information, correct or revise existing information, have any questions, concerns or comments regarding its application please fax 1-780-437-7268 (Attn: Privacy Office) or mail #215, 625 Parsons Road SW, Edmonton, AB T6X 0N9 Attn: Privacy Office.</p>		
Signature of Applicant:	Title:	Date:
X _____	_____	_____
Signature of Company Principal		
X _____		