



1 (800) 465 -1174  
 jimpeplinski.ca  
 credit@jimpeplinski.ca

## CORPORATE CREDIT APPLICATION

### COMPANY INFORMATION

### COMMERCIAL LEASE MANAGER:

<i>Company Name</i>	Company Name		Operating As		
	Year Established	Annual Sales	Net Income	Retained Earnings/Shareholder Equity	
<i>Company Information</i>	Type of Business		Company Website	Phone Number	
	Street		City	Province	Postal Code
<i>Address</i>	Other Lessors		Current Vehicle Fleet Size	<input type="checkbox"/> Yes <input type="checkbox"/> No Provided Articles of Incorporation?	R.I.N. # (Ontario Only)
<i>Lessor Info</i>	First Name	Last Name	Email Address		
<i>Primary Contact</i>					

### HEAD OFFICE ADDRESS (COMPLETE ONLY IF DIFFERENT FROM ABOVE)

<i>Head Office Address</i>	Physical Address (Street)	City	Province	Postal Code
----------------------------	---------------------------	------	----------	-------------

### BANKING INFORMATION

<i>Bank</i>	Bank Name	Branch Address (Street)	City	Province	Postal Code
<i>Manager</i>	Manager Name	Manager Email Address	Phone Number	Fax Number	

### TRADE REFERENCES

<i>Reference 1</i>	Name	Street	City	Province	Postal Code
	Approved Credit Line	Email Address	Phone Number	Fax Number	
<i>Reference 2</i>	Name	Street	City	Province	Postal Code
	Approved Credit Line	Email Address	Phone Number	Fax Number	
<i>Reference 3</i>	Name	Street	City	Province	Postal Code
	Approved Credit Line	Email Address	Phone Number	Fax Number	

### COMPANY PRINCIPALS & MANAGEMENT

<i>President</i>	Name	Phone Number	Email Address
<i>Vice President</i>	Name	Phone Number	Email Address
<i>VP Finance (or CFO/Controller)</i>	Name	Phone Number	Email Address

The undersigned warrants the truth and accuracy of the information in this application. The undersigned consents to Jim Peplinski Leasing Inc. investigating the corporation's credit history, including obtaining credit reports, from time to time. The undersigned authorizes trade references to provide information about the corporation's credit history with them to Jim Peplinski Leasing Inc.



Signed \_\_\_\_\_ Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

I have the authority to bind the corporation.

CALGARY  
 212 MERIDIAN ROAD N.E.  
 CALGARY, AB T2A 2N6

EDMONTON  
 4167 - 97 STREET  
 EDMONTON, AB T6E 6E9

TORONTO  
 81 THE EAST MALL - SUITE 101  
 TORONTO, ON M8Z 5W3

OTTAWA  
 1770 COURTHOOD CRESCENT - SUITE 100  
 OTTAWA, ON K2C 2B5



## CORPORATE BANK REFERENCE

### BANK AUTHORIZATION

<i>Bank Contact</i>	Bank Name	Branch Name	Phone Number	Fax Number
<i>Customer Details</i>	Customer Name	Account Number		

### TO WHOM IT MAY CONCERN:

Please accept this form as your written authorization to release the following information regarding my account(s) to Jim Peplinski Leasing Inc. until such time I advise you and Jim Peplinski Leasing Inc. in writing that you are no longer authorized to do so.



Signed	Name	Position	Date
I have the authority to bind the corporation.			

### BANK TO COMPLETE

<i>Account Information</i>	Account Detail	Account Open For
	<input type="checkbox"/> No Record	<input type="checkbox"/> Under 1 Year
	<input type="checkbox"/> Account Closed	<input type="checkbox"/> 1-3 Years
	<input type="checkbox"/> Non-Borrowing Account	<input type="checkbox"/> Over 3 Years

<i>Operating Loans</i>	Type	Authorized Limit	Owes
	<input type="checkbox"/> Secured	<input type="checkbox"/> Low <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> Nothing <input type="checkbox"/> 3 <input type="checkbox"/> 6
	<input type="checkbox"/> Unsecured	<input type="checkbox"/> Mid <input type="checkbox"/> 4 <input type="checkbox"/> 7	<input type="checkbox"/> Low <input type="checkbox"/> 4 <input type="checkbox"/> 7
		<input type="checkbox"/> High <input type="checkbox"/> 5 <input type="checkbox"/> 8	<input type="checkbox"/> Mid <input type="checkbox"/> 5 <input type="checkbox"/> 8
		<input type="checkbox"/> High	

<i>Term Loans</i>	Type	Authorized Limit	Owes
	<input type="checkbox"/> Secured	<input type="checkbox"/> Low <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> Nothing <input type="checkbox"/> 3 <input type="checkbox"/> 6
	<input type="checkbox"/> Unsecured	<input type="checkbox"/> Mid <input type="checkbox"/> 4 <input type="checkbox"/> 7	<input type="checkbox"/> Low <input type="checkbox"/> 4 <input type="checkbox"/> 7
		<input type="checkbox"/> High <input type="checkbox"/> 5 <input type="checkbox"/> 8	<input type="checkbox"/> Mid <input type="checkbox"/> 5 <input type="checkbox"/> 8
		<input type="checkbox"/> High	

<i>Repayment History</i>	Previous (31 – 365 Days)	Current (Last 30 Days)
	As Agreed?	Up to Date?
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No

<i>Deposit Accounts</i>	Average Balance	NSF Activity
	<input type="checkbox"/> Low <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> No Record
	<input type="checkbox"/> Mid <input type="checkbox"/> 4 <input type="checkbox"/> 7	<input type="checkbox"/> None
	<input type="checkbox"/> High <input type="checkbox"/> 5 <input type="checkbox"/> 8	<input type="checkbox"/> Infrequent
		<input type="checkbox"/> Frequent

### COMPLETED BY



Signed	Name	Position	Date
--------	------	----------	------

CALGARY  
 212 MERIDIAN ROAD N.E.  
 CALGARY, AB T2A 2N6

EDMONTON  
 4167 – 97 STREET  
 EDMONTON, AB T6E 6E9

TORONTO  
 81 THE EAST MALL - SUITE 101  
 TORONTO, ON M8Z 5W3

OTTAWA  
 1770 COURTHOOD CRESCENT - SUITE 100  
 OTTAWA, ON K2C 2B5