



700 Dorval Drive, Suite 302
 Oakville, Ontario , L6K 3V3
 Tel: 905-844-4424 Fax: 905-844-9548
leasing@equirex.ca

Vendor/Broker Profile

Please Fill Out Completely And Fax To Credit at (905) 844-9548

Full Legal Name		Trade Name or Operating Name		
Mailing Address		City	Prov/State	Zip/Postal Code
Telephone () ()	Fax () ()	Contact Name / Title		Email
Date Incorporated or Established	Yrs. Under Present Owner	GST Number		No. of Employees
Structure (circle one): Corporation Partnership Proprietorship Other				

Owner/Principal					
Name 1	Sin No		Date Of Birth	Ownership%	Time with company
Address	City	Prov	Postal Code	Telephone	Fax
Name 2	Sin No		Date Of Birth	Ownership%	Time with company
Address	City	Prov	Postal Code	Telephone	Fax

Business Bank References			
Bank Name 1	Contact	Phone () ()	Fax () ()

Trade References (One Leasing Funder if available)			
Firm Name 1	Contact	Phone () ()	Fax () ()
2		() ()	() ()
3		() ()	() ()

Equipment / Machinery			
Description of Equipment / Machinery			
On a typical sale, what is the % of equipment to soft assets (i.e. software, installation etc)?		Hard %	Soft %
Estimated Useful Life: years	Estimated Resale Value: after	1 year (%)	3 years (%) 5 years (%)
Is used equipment sold?	Is service offered?	Warranty Length:	
Authorized Distributor for:			

Referenced Application	Application #	Lessee Name
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THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND CORRECT. BY SIGNING BELOW, I CONSENT AND AUTHORIZE EQUIREX LEASING CORP. AND ITS REPRESENTATIVES, AT ANY TIME TO OBTAIN, VERIFY, USE, COMMUNICATE WITH AND DISCLOSE TO THIRD PARTIES (INCLUDING CREDIT REPORTING AGENCIES AND CREDIT GRANTORS) ANY OF MY CREDIT, FINANCIAL AND PERSONAL INFORMATION THAT LESSOR DEEMS NECESSARY TO COMPLETE, SERVICE OR ENFORCE ANY LEASE , ANCILLARY DEED OR TRANSACTION, INCLUDING BUT NOT LIMITED TO ASSIGNMENTS AND SECURITIZATIONS.			
Authorized Signature X	Name (Please Print)	Title	Date