



FINANCE APPLICATION

Paul Neelin
(905) 930-9485
paul@uvendgroup.com

LEGAL NAME OF BUSINESS

ADDRESS CITY COUNTY STATE ZIP

PHONE FAX CONTACT TAX ID #

E-MAIL ADDRESS WEB-SITE ADDRESS

EQUIPMENT LOCATION CITY COUNTY STATE ZIP
(IF DIFFERENT THAN ABOVE)

BUSINESS TYPE (Check one) TIME IN BUSINESS NATURE OF BUSINESS
CORPORATION PROPRIETORSHIP PARTNERSHIP LIMITED LIABILITY CORPORATION Years in Business

PRINCIPAL(S) TITLE SOCIAL SECURITY NO. HOME ADDRESS

- 1.
2.

BANK REFERENCES ACCT. No. ACCOUNT TYPE CONTACT PHONE
(LIST ALL BANKS USED FOR LAST 5 YEARS)

- 1.
2.

TRADE/CREDIT REFERENCE ACCOUNT NO. PHONE NO. CONTACT

- 1.
2.
3.

INSURANCE AGENT Name, Contact, and Phone No.

EQUIPMENT DESCRIPTION

VENDOR PHONE NO.

EQUIPMENT COST RATE FACTOR TERM OF LEASE

PAYMENT ADVANCES RESIDUAL

BANK AND TRADE RELEASE

I HEREBY AUTHORIZE OUR BANK AND TRADE REFERENCES TO RELEASE THE INFORMATION REQUESTED BY TRUST CAPITAL AND/OR ITS ASSIGNS REGARDING OUR COMPANY'S ACCOUNTS WITH YOUR FIRM. I ALSO AUTHORIZE YOU TO OBTAIN PERSONAL CREDIT INFORMATION ON ALL PRINCIPALS AND OR GUARANTORS LISTED ABOVE, FROM ANY REPORTING AGENCY, USED BY TRUST CAPITAL AND/OR ITS ASSIGNS PLEASE RESPOND TO THEIR TELEPHONE REQUEST OR BY FAX IF YOU NEED WRITTEN PROOF OF THE REQUEST AND OUR RELEASE.

THIS IS YOUR WRITTEN AUTHORIZATION TO RELEASE THE INFORMATION REQUESTED.

BY: X DATE:

BY: X DATE: