

# Providential

Financial Services Corporation


## Commercial Credit Application

15 Torbarrie Road, Toronto, Ontario M3L 1G5 T. 416-242-3799 F. 416-242-2479  
Toll Free 1-800-581-7518 Fax 1-800-581-7519

### COMPANY INFORMATION

CORPORATION  SOLE PROPRIETOR  PARTNERSHIP

(Please complete your name below as it appears on your company cheque)

COMPANY LEGAL NAME \_\_\_\_\_  
OPERATING AS \_\_\_\_\_ YEARS IN BUSINESS  \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
ANNUAL SALES \$ \_\_\_\_\_ NATURE OF BUSINESS \_\_\_\_\_

### PRINCIPAL(S) INFORMATION - If more than one principal, complete separate APPLICATION for each person

(Please complete your name below as it appears on your drivers licence)

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_  
CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SOCIAL INSURANCE NUMBER \_\_\_\_\_  
YEARS AT ADDRESS \_\_\_\_\_ RENT  OWN  MONTHLY PAYMENT \$ \_\_\_\_\_  
Have you ever declared bankruptcy \_\_\_\_\_ Yes \_\_\_\_\_ No Do you have any unsatisfied judgements \_\_\_\_\_ Yes \_\_\_\_\_ No

### BANK AND TRADE REFERENCES

BANK NAME _____	CONTACT _____	ACCOUNT # _____
ADDRESS _____	PHONE _____	FAX _____
TRADE REFERENCE (1) _____	CONTACT _____	
ADDRESS _____	PHONE _____	FAX _____
TRADE REFERENCE (2) _____	CONTACT _____	
ADDRESS _____	PHONE _____	FAX _____

### OFFICE USE ONLY

SUPPLIER NAME \_\_\_\_\_ LOCATION \_\_\_\_\_  
CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
EQUIPMENT COST \_\_\_\_\_ (without tax) DOWN PAYMENT \_\_\_\_\_ TERM REQUESTED \_\_\_\_\_ MONTHS  
TYPE OF EQUIPMENT (incl. Make, Model, New/Used) \_\_\_\_\_

I/We authorize Providential Financial Services Corporation to request and give our information about the business and myself personally from and to credit reporting agencies, credit bureaus, other credit grantors, persons to whom Providential Financial Services Corporation may assign this application or any financial contract with you, any person we have or propose to have financial relations with, and as otherwise permitted or required by law. I/We authorize Providential Financial Services Corporation use my Social Insurance Number to verify and report credit information about me to credit bureaus and credit reporting agencies. I am an authorized representative of the business and can submit this request on behalf of the business.

Signed X: \_\_\_\_\_

Dated: \_\_\_\_\_