

## Credit Application

| BUSINESS INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                          |  |            |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--|--------------------------|--|------------|--|--|--|
| Full Legal Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |       |  | Years in Business:       |  |            |  |  |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |       |  | Phone:                   |  |            |  |  |  |
| City / Province:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |       |  | Postal Code:             |  |            |  |  |  |
| Owner(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |       |  |                          |  |            |  |  |  |
| Applicant Position:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |       |  | No. of Employees:        |  |            |  |  |  |
| Insurance Co.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  | Contact:                 |  | Phone:     |  |  |  |
| Bank:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |       |  | Branch:                  |  |            |  |  |  |
| Bank Contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |  | Phone:                   |  |            |  |  |  |
| Accountant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |  | Contact:                 |  | Phone:     |  |  |  |
| OWNER / PERSONAL INFORMATION (IF MULTIPLE, USE ADDITIONAL FORM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |       |  |                          |  |            |  |  |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |       |  | Phone:                   |  |            |  |  |  |
| DOB(d/m/y):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |  | SIN:                     |  |            |  |  |  |
| Current Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |       |  |                          |  |            |  |  |  |
| City / Province:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |       |  | Postal Code:             |  |            |  |  |  |
| Please Circle: Own Rent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  | Monthly Mortgage / Rent: |  |            |  |  |  |
| Current Value:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  | Amount Owning:           |  |            |  |  |  |
| Employer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |       |  |                          |  |            |  |  |  |
| Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |       |  | Annual Income:           |  |            |  |  |  |
| INFORMATION OF VEHICLE OR EQUIPMENT TO LEASE/FINANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                          |  |            |  |  |  |
| Seller:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  | Contact:                 |  |            |  |  |  |
| Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |       |  |                          |  |            |  |  |  |
| Year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Make: |  | Model:                   |  | Hours/KMs: |  |  |  |
| Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |       |  | New Used                 |  | Color:     |  |  |  |
| Price:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |       |  | Serial:                  |  |            |  |  |  |
| Attachments/Options: (Engine, Nav., Sunroof, A/C, etc.):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |       |  |                          |  |            |  |  |  |
| REFERENCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |       |  |                          |  |            |  |  |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |       |  | Phone:                   |  |            |  |  |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |       |  | Phone:                   |  |            |  |  |  |
| <p>I authorize Enviro-Plus Business Services Corporation to verify the information provided on this form as to my credit and employment history. The undersigned certifies the foregoing information to be true and correct. We consent to Enviro-Plus and any third party to finance collecting and using this information in order to determine our credit worthiness and pull credit report and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency, credit grantor or third party finance/leasing company with whom the undersigned or Enviro-Plus Business Services Corporation has financial relations. I acknowledge that if I have any questions regarding this information I may contact Enviro-Plus Business Services Corporation. I also consent to Enviro-Plus sending me email about company services.</p> |  |       |  |                          |  |            |  |  |  |
| Signature of Applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  | Date:                    |  |            |  |  |  |
| Signature of Co-applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |       |  | Date:                    |  |            |  |  |  |