

LESSEE CORPORATE INFORMATION			
Business Legal Name:			
Operating As (Trade Name):			
Address:			
City:	Province:	Postal Code:	
Phone: ()		Fax: ()	
Nature of Business:		Business Start Date: (Mandatory)	
Contact:		Email: (Mandatory)	
Type of Business: <input type="checkbox"/> Incorporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		Website:	
Bank: Mandatory Account Owner as it appears on Cheque:			
BUSINESS OWNERSHIP INFORMATION (Required for businesses less than 5 years in business, or proprietorships, or partnerships)			
Name:		Title: "OWNER" not acceptable	Home Phone: ()
Address:			
City:		Province:	Postal Code:
Interest in Business (%):	Social Insurance Number:		Date of Birth: (dd/mm/yyyy)
Name:		Title:	Home Phone: ()
Address:			
City:		Province:	Postal Code:
Interest in Business (%):	Social Insurance Number:		Date of Birth: (dd/mm/yyyy)
EQUIPMENT SUPPLIER INFORMATION			
Vendor:		Contact:	
Phone: ()		Fax: ()	
Email :			
Equipment Requested:			<input type="checkbox"/> New <input type="checkbox"/> Used
Amount Financed:		Term: months	
<small>"I/We certify the information to be true and correct, and by signing below consent to the obtaining from any credit reporting agency or credit granter such information as Catalyst Finance Partners Inc (hereinafter collectively known as Catalyst) may require at any time in connection with credit hereby applied for, and I/We hereby authorize Catalyst and its affiliates and or/any person, credit agency, lease broker(s) or credit grantor to compile, furnish and disclose such information as maybe required to approve the credit application herein. I/We have read, understand and agree with the above terms and conditions." I consent to Catalyst collecting, using and disclosing personal information in this document pursuant to the terms of Catalyst's Privacy Policy which is available on line at www.catalystfc.com</small>			
Authorized Signature:		Title:	
Name (Please Print):		Date:	
Authorized Signature:		Title:	
Name (Please Print):		Date:	

PERSONAL NET WORTH STATEMENT

NAME			
ADDRESS		OCCUPATION	
CITY		HOW LONG?	
POSTAL CODE		YEARS OF EXPERIENCE	
HOME PHONE #		S.I.N.#	
CELL PHONE #		DATE OF BIRTH	

ASSETS	AMOUNT	LIABILITIES	AMOUNT
CASH/SHORT TERM INVESTMENTS		BANK LOANS	
RRSP'S		CREDIT CARDS	
STOCKS AND BONDS		TAXES PAYABLE	
PRINCIPAL RESIDENCE		MORTGAGE ON RESIDENTIAL PROPERTY	
RECREATIONAL PROPERTY		MORTGAGE ON RECREATIONAL PROPERTY	
INVESTMENT PROPERTY		MORTGAGE ON INVESTMENT PROPERTY	
AUTOMATIVE ASSETS		AUTOMOTIVE LOANS	
NOTES RECIEVABLE		NOTES PAYABLE	
CASH SURRENDER VALUE OF INSURANCE POLICY		OTHER	
BUSINESS EQUITY		OTHER	
OTHER		OTHER	
TOTAL ASSETS		TOTAL LIABILITIES	

YOUR NETWORTH (Total assets less Total Liabilities)

Have you ever claimed bankruptcy? If yes discharged date _____ **NO** **YES**

Are any of the Assets listed above, pledge as security elsewhere? **NO** **YES**

Are you a guarantor, Co-Signer, Co-Obligator on anyone's debt(s)? **NO** **YES**

Are there any legal actions, suits or judgements against you? **NO** **YES**

Are your income taxes for previous years fully satisfied? **NO** **YES**

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SIGNATURE:

DATE: