

ROSEBANK CAPITAL

Please complete. Fax to 905 460 1627 or email to info@rosebankcapital.com

COMPANY INFORMATION

Company Legal Name		Trade Name	
Address		City	Province
Contact Name		Title	Telephone
Industry		Years in Business	Type of Business
Landlord Name		Contact	Telephone
Bank Name		Branch	Contact
Address		City	Telephone
			Fax
			Account #
			Fax

OWNER/PARTNER/PRINCIPAL (PLEASE FILL IN ONE APPLICATION PER APPLICANT)

Name	SIN #	Date of Birth	Ownership %	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other
Address		City	Province	Postal Code
Spouse's legal Name		Date of Birth	SIN #	# Dependants
Home		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> other	Value \$	Mortgage \$
Bank Name		Branch	Contact	Mortgage Holder
Address		City	Telephone	Account #
Credit Card Grantor		Name of Credit Card	Credit Card #	Expiry date

THE PERSONAL INFORMATION PROTECTION AND ELECTRONIC DOCUMENTS ACT REQUIRES YOU TO READ AND SIGN THIS DOCUMENT

By signing below, I/We warrant and confirm that the information given on this credit application is true and correct and I/We understand that it is being used to confirm my/our identity and evaluate my/our credit worthiness in relation to the financing contract being entered into. I/We consent to Rosebank Capital, its agents, affiliates and authorized third parties acting on their behalf obtaining from any credit reporting agency, information as it may require at any time in conjunction with the credit hereby applied for.

Print Legal Company Name		Print Legal Company Name	
X		X	
Signature(Company)	Date	Signature (Personal)	Date