



Credit Application

Fax to **403-329-3460**

Email to **andres@xplornet.com**

Full Legal Name		Operating As (trade name)	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	In Business Since (Month/Year) # of Employees
Address including Zip Code			
Website		E-mail	
Phone	Fax	Cell	Contact
Nature of Business		Average Monthly Income \$	
Reason for Equipment			

PRINCIPAL/PERSONAL INFORMATION

1. Full Name	Date of Birth (dd/mm/yy)	SSN #		
Address	How Long?	Own/Rent	Value \$	Mtg. Balance \$
City, Province	Postal Code		Home Phone	
Previous Employment		How Long?		

CREDIT REFERENCES

Trade Reference (Name)	How Long?	Phone Number	Contact Name	Credit Limit \$
Trade Reference (Name)	How Long?	Phone Number	Contact Name	Credit Limit \$
Personal or Business Reference (Name)	How Long?	Phone Number	Contact Name (if business reference)	
Bank	Branch		How Long?	
Contact	Phone and Fax		Account #	

EQUIPMENT TO BE LEASED

Description including Year Make Model etc.		
Cost \$	Term	Vendor
Representative	Phone	Fax
<p>The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize the following entities: Prime Capital Consulting Inc, and Forest Leasing (2008) Inc, (hereinafter, collectively known Prime Capital Group) and its representatives, and any potential credit grantor assignee, at any time to obtain on an on-going basis, verify, use, communicate with and disclose to third parties (including credit reporting agencies, credit exchanges, leasing brokers, on an on-going basis) any of my credit, financial, and personal information that Prime or its agents or affiliates deems necessary to complete, service or enforce any lease, ancillary deed or transaction, including but not limited to assignments and securitizations.</p> <p>You authorize us to collect, hold, exchange and disclose your personal information as requested in order to administer your contract & determine your insurance eligibility as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes.</p> <p>If you would like to review your own personal information, correct or revise existing information, have any questions, concerns or comments regarding its application please fax 1-780-437-7268 (Attn: Privacy Office) or mail #214, 3132 Parsons Road NW. Edmonton, AB T6N 1L6 Attn: Privacy Office.</p>		
Signature of Applicant:	Title:	Date:
X _____	_____	_____
Signature of Company Principal		
X _____	_____	

Thank You – Contact 403 328 8434