



**3 Arbour Way ., INNISFIL , ONT. L9S 0A1
Ph# (705) 431-0155 / Toll Free : 1-877-431-0155**

Please print this form , complete and forward, by using the information provided below. Thank You

Lease Application

Please fax to : 1-877-436-1576 or Email : rick@mavrickleasing.com

Vendor	Contact	Telephone	Fax
Equipment Description		Equipment Cost \$	Lease Term Requested

Company Information

Company Legal Name		Trade Name	
Address	City	Province	Postal Code
Contact Name	Title	Telephone: E mail :	Fax :
Type of Business & Experience	Years In Business	Corporation ___ Sole proprietor ___ Partnership ___	

Owner / Partner / Principal (Please complete this section per Applicant)

Given Name	SIN No.	Date Of Birth (M/D/Y)	Ownership %
Address	City	Prov.	Postal code
Home Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Market Value \$	Mortgage \$ Balance \$	Telephone Fax

THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND CORRECT. BY SIGNING BELOW, I CONSENT AND AUTHORIZE MAVRICK LEASING LTD. AND ITS REPRESENTATIVES, AT ANY TIME TO OBTAIN, VERIFY, USE, COMMUNICATE WITH AND DISCLOSE TO THIRD PARTIES (INCLUDING CREDIT REPORTING AGENCIES, CREDIT EXCHANGES, LEASING BROKERS AND CREDIT GRANTORS) ANY OF MY CREDIT, FINANCIAL AND PERSONAL INFORMATION THAT LESSOR DEEMS NECESSARY TO COMPLETE, SERVICE OR ENFORCE ANY LEASE , ANCILLARY DEED OR TRANSACTION, INCLUDING BUT NOT LIMITED TO ASSIGNMENTS AND SECURITIZATIONS.

X: _____	_____
Signature	Date