

RETURN COMPLETED, SIGNED AND DATED APPLICATION TO:
E-mail: financing@patronwest.com | Fax: 866-435-4143

APPLICANT(S) INFORMATION

FULL NAME		S.I.N.#	DATE OF BIRTH (M/D/Y)		% OF OWNERSHIP
HOME ADDRESS-Physical Address (Municipal or legal)		CITY	PROVINCE	POSTAL CODE	YEARS AT CURRENT ADDRESS
MOBILE PHONE	EMAIL ADDRESS				
2 ND OWNER-Complete Only If Spouse		S.I.N.#	DATE OF BIRTH (M/D/Y)		% OF OWNERSHIP
HOME ADDRESS-Physical Address (Municipal or legal)		CITY	PROVINCE	POSTAL CODE	
MOBILE PHONE	EMAIL ADDRESS				

BUSINESS INFORMATION

FULL LEGAL NAME		TRADE NAME (if applicable)		YEARS IN BUSINESS
BUSINESS ADDRESS		CITY	PROVINCE	POSTAL CODE
BUSINESS EMAIL	BUSINESS MAIN PHONE		YEARS OF DRIVING EXPERIENCE	DRIVING TYPE
CARRIER NAME- if applicable	CARRIER CONTACT NAME		CARRIER PHONE	START DATE WITH CARRIER
YEARLY REVENUE	HOW MANY UNIT(S) DO YOU LEASE/OWN			

NET WORTH

ASSETS		LIABILITIES	
DESCRIPTION	VALUE	DESCRIPTION	VALUE
Home-Personal Residence	\$	Mortgage	\$
Additional real-estate	\$	Mortgage	\$
Investments/Savings/RRSP	\$	Credit Cards	\$
Cash	\$	Loans/Line of credit	\$
Other-Specify:	\$	Other-Specify:	\$
Total Assets		Total Liabilities	
	\$		\$

EQUIPMENT (Trucks, Trailers, Equipment etc.)

DESCRIPTION (Year/Make/Model)	VALUE	BALANCE OWING	FINANCED WITH
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Total Equipment Value		\$	\$

I/We, the applicant, principal and/or guarantor each: 1. Acknowledge that providing a social insurance number is optional and not a condition to obtaining a credit review, 2. Consent to the collection, use and disclosure of personal information for the purposes of credit adjudication by the Lessor/Lender and its funders and to enable the Lessor/Lender and its assignees to provide financing and to promote the products and services of the Lessor/Lender and its affiliates; and 3. Consent to the Lessor/Lender and its funders obtaining information relating to the applicant, principal and/or guarantor from credit reporting agencies in connection with this application.

Signature of Applicant: X _____ Date: _____ **CREDIT RELEASE AUTHORIZED**

Signature of Applicant: X _____ Date: _____ **CREDIT RELEASE AUTHORIZED**