



COMMERCIAL CREDIT APPLICATION

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

BUSINESS INFORMATION

FULL LEGAL NAME		OPERATING NAME		
BUSINESS ADDRESS		CITY	PROVINCE	POSTAL CODE
MAILING ADDRESS (if different)		CITY	PROVINCE	POSTAL CODE
BUSINESS PHONE		BUSINESS EMAIL		WEBSITE
MAIN CONTACT NAME		MAIN CONTACT PHONE		
TYPE OF BUSINESS	YEARS IN BUSINESS	YEAR END MONTH/DAY	ANNUAL REVENUE	NO. OF UNITS OWNED/FINANCED

ADDITIONAL APPLICANTS/GUARANTORS

FIRST NAME	MIDDLE NAME	LAST NAME		PERCENTAGE OF OWNERSHIP	
DATE OF BIRTH	PHONE NUMBER		SOCIAL INSURANCE NUMBER (OPTIONAL)		
HOME ADDRESS	CITY	PROVINCE	POSTAL CODE	VALUE OF HOME \$	MORTGAGE BALANCE \$

FIRST NAME	MIDDLE NAME	LAST NAME		PERCENTAGE OF OWNERSHIP	
DATE OF BIRTH	PHONE NUMBER		SOCIAL INSURANCE NUMBER (OPTIONAL)		
HOME ADDRESS	CITY	PROVINCE	POSTAL CODE	VALUE OF HOME \$	MORTGAGE BALANCE \$

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.

Print Name: _____ Signature: _____ Date: _____ Credit Release Authorize

Print Name: _____ Signature: _____ Date: _____ Credit Release Authorize

If you have any questions, please call 888.435.4171

WWW.PATRONWEST.COM