



MACANDERS
CAPITAL FINANCE CORP.

5808 - 190A Street
Edmonton, Alberta
Canada T6M 2G6

Commercial Credit Application

Fax: 780-401-3414

Equipment _____ Value _____ Sales Rep. _____ Term 12 24 36 48 60

Company Information

Full Company Name _____ Business Start Date _____

Address _____ Email _____

City _____ Province _____ Postal Code _____ Telephone _____

Type of Business _____ Number of Employees _____

Structure Incorporated Partnership Proprietorship

Principles

Name _____ Title _____ % Ownership _____

Address _____

City _____ Province _____ Postal Code _____ Telephone _____

S.I.N. _____ D.O.B MM__ DD__ YY__

Name _____ Title _____ % Ownership _____

Address _____

City _____ Province _____ Postal Code _____ Telephone _____

S.I.N. _____ D.O.B MM__ DD__ YY__

Bank Reference

Bank Name _____ Branch _____

Address _____

City _____ Province _____ Postal Code _____

Telephone (____) _____

Account Numbers(s) _____

Trade Reference

Name _____ Name _____ Name _____

Telephone _____ Telephone _____ Telephone _____

The undersigned certifies the above information to be correct and true. By signing below I/We consent to MacAnders Capital Finance Corp. obtaining from any credit reporting agency of credit grantor, such information as it may require at any time in connection with the credit hereby applied for, and consent to the disclosure at any time of information concerning the undersigned to any credit reporting agency or to any credit grantor with whom the undersigned has financial relations.

Signature of Applicant _____ Date _____ Signature of Co-Applicant _____ Date _____