



Greg Labella
Ph: 905-302-4171
Fax: 905-569-3071
greg@7parkavenuefinancial.com

LESSEE CORPORATE INFORMATION

Business Legal Name:		
Operating As (Trade Name):		
Address:		
City:	Province:	Postal Code:
Phone: ())	Fax: ())	
Nature of Business:		Business Start Date:
Contact:		Email:
Type of Business: <input type="checkbox"/> Incorporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		Website:
Bank:		

BUSINESS OWNERSHIP INFORMATION

Name:	Title:	Home Phone: ())
Address:		
City:	Province:	Postal Code:
Interest in Business (%):	Social Insurance Number:	Date of Birth: (dd/mm/yyyy)
Name:	Title:	Home Phone: ())
Address:		
City:	Province:	Postal Code:
Interest in Business (%):	Social Insurance Number:	Date of Birth: (dd/mm/yyyy)

EQUIPMENT SUPPLIER INFORMATION

Vendor:	Contact:
Phone: ())	Fax: ())
Email :	
Equipment Requested:	<input type="checkbox"/> New <input type="checkbox"/> Used
Amount Financed:	Term: months

"I/We certify the information to be true and correct, and by signing below consent to the obtaining from any credit reporting agency or credit granter such information as Catalyst Finance Partners Inc (hereinafter collectively known as Catalyst) may require at any time in connection with credit hereby applied for, and I/We herby authorize Catalyst and its affiliates and or/any person, credit agency, lease broker(s) or credit grantor to compile, furnish and disclose such information as maybe required to approve the credit application herein. I/We have read, understand and agree with the above terms and conditions." I consent to Catalyst collecting, using and disclosing personal information in this document pursuant to the terms of Catalyst's Privacy Policy which is available on line at www.catalystfc.com

Authorized Signature:	Title:
Name (Please Print):	Date:
Authorized Signature:	Title:
Name (Please Print):	Date: