

Aquilian Consulting Inc.

2189 Conc 6, Uxbridge, ON L9P 1R4

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Legal name:		
Trade name:		
Phone:	Fax:	Website:
Company address:		
City:	Province/State:	Postal code/ZIP:
How long at current address?		Date business commenced:
Type of business: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Is this a subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of parent co.:		
Industry:	# of employees:	Annual sales:
Contact person's name:		Title:
Phone:	Mobile:	E-mail:
Business bank name:		Account manager:
Branch or address:		Phone:
Account #:	Line of Credit Limit:	Line of Credit Balance:

PRINCIPAL(S)' INFORMATION

1. Full legal name:		Title:	Email:		Ownership %:	
Home address:	City:	Postal code/ZIP:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Value:	Mortgage \$:	
Home phone:	Mobile:	Date of Birth (Y / M / D)		SIN/SSN		
2. Full legal name:		Title:	Email:		Ownership %:	
Home address:	City:	Postal code/ZIP:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Value:	Mortgage \$:	
Home phone:	Mobile:	Date of Birth (Y / M / D)		SIN/SSN		

BUSINESS/TRADE REFERENCES

Name:	Phone:	Contact:
Name:	Phone:	Contact:
Name:	Phone:	Contact:

AGREEMENT

I hereby represent and confirm that the information provided in respect to this application is TRUE and COMPLETE and authorize AQUILIAN CONSULTING INC. and its affiliates, designees, and any third parties acting on behalf of AQUILIAN CONSULTING INC. (hereinafter collectively "AQUILIAN") to rely on and use this information in order to confirm my identity and evaluate my credit worthiness in relation to the financing contract being entered into. In particular, I agree that AQUILIAN may obtain a credit report or other credit information from any credit reporting agency, credit bureau or credit grantor, and may hold, use, exchange and disclose such information for the purposes identified above. I authorize AQUILIAN to collect, hold, use, exchange and disclose my personal information as required, in order to administer my contract, determine my financing eligibility and secure the asset being financed or as required or permitted by law.

SIGNATURES

Principal 1: _____ Title: Date:	Principal 2: _____ Title: Date:
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Please scan/email to eric@aquilian.ca or fax to (647) 694-2464