



**POLARIS LEASING
CORPORATE LEASE APPLICATION**

ROBERTA STAVE
Cell: 519-871-5328

Toll Free Phone: 1-800-661-5327
Toll Free Fax: 1-800-561-5327

Website: www.polarisleasing.com
Email: info@polarisleasing.com



Quote #:

COMPANY

Full legal Name: _____
Address: _____ City/Province: _____ Postal Code: _____
Phone No.: (____) _____ Fax No.: (____) _____ Type of Business: _____
Email: _____ Website: _____
Legal Structure: Incorporated () Partnership () Proprietorship () Years in Business: _____
Premises Owned: _____ Name & Address of Landlord: _____

FINANCIAL

Bank: _____ Branch: _____ Phone No.: (____) _____
How Long: _____ Account #: _____ Current Balance: \$ _____
Secondary Bank: _____ Branch: _____ Phone No.: (____) _____

PRINCIPAL(S)

Full Name: _____ Home Address: _____
City/Prov: _____ Postal Code: _____ Home Phone No. (____) _____
Rent () Own () How Long: _____ Monthly Payment \$ _____
Title: _____ How Long: _____ Gross Monthly Income \$ _____
Date of Birth: _____ Social Insurance Number (optional): _____

PRINCIPAL(S)

Full Name: _____ Home Address: _____
City/Prov: _____ Postal Code: _____ Home Phone No. (____) _____
Rent () Own () How Long: _____ Monthly Payment \$ _____
Title: _____ How Long: _____ Gross Monthly Income \$ _____
Date of Birth: _____ Social Insurance Number (optional): _____

TRADE REFERENCES (Including other lease companies)

Name: _____ Fax # _____ Phone No.: (____) _____
Name: _____ Fax # _____ Phone No.: (____) _____
Name: _____ Fax # _____ Phone No.: (____) _____

The undersigned certifies the above information to be true and correct. BY SIGNING BELOW, I/WE CONSENT TO THE OBTAINING FROM ANY CREDIT REPORTING AGENCY OR CREDIT GRANTOR, SUCH INFORMATION AS POLARIS LEASING MAY REQUIRE AT ANY TIME IN CONNECTION WITH THE CREDIT HEREBY APPLIED FOR, and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or to any credit grantor with whom the undersigned has financial relations.

Signature of Principal (s): X _____ **Date:** _____

EQUIPMENT INFORMATION

Supplier Name: BlueWater Trailers Address: 6517 Warwick Village Rd City/Prov: Watford, ON
Supplier Rep: Monique Passingham Phone No.: (519) 786-6857 Fax No.: (519) 786-5340

EQUIPMENT DESCRIPTION: (Year, Make, Model, Serial No.)

Lease Cost: \$ _____ (before taxes) **Term:** _____