



**ROSEBANK CAPITAL**

*Financial Services*



**1-888-864-2652**

## ONE SIMPLE APPLICATION, MADE EASY

Please complete all of this application and fax to: **905-460-1627**

### Company Information

Company Legal Name		Trade Name	
Address	City	Province	Postal Code
Contact Name	Title	Telephone	Fax
Industry	Years in Business	Type of Business [ ] Corp [ ] Partnership [ ] Sole Proprietor	
Landlord Name	Contact	Telephone	Fax
Bank Name	Branch	Contact	Account #
Address	City	Telephone	Fax

### Owner Information

Name	SIN #	DOB (MM/DD/YY)	Ownership %
Address	City	Province	Postal Code
Home: [ ] Own [ ] Rent [ ] Other	Value \$	Mortgage \$	Mortgage Holder
Status: [ ] Married [ ] Single	# of Dependents	Spouses Legal Name	Spouse DOB (MM/DD/YY)
Spouse SIN #	Bank Name	Branch	Contact
Account #	Address	City	Telephone
Fax	Credit Card Grantor	Name of Credit Card	Credit Card #
Expiry Date			

### Lease Details

Vendor	Contact	Telephone	Fax
Equipment Description		Equipment Cost (Pre Tax) \$	Lease/Term Request

Please provide a copy of your latest financial statement with this application. The undersigned certifies the above to be true and correct. By signing below, I/We consent to ROSEBANK CAPITAL obtaining from any credit reporting agency, information as it may require at any time in conjunction with the credit hereby applied for, and consent to disclosure at any time of any information concerning the undersigned to any credit reporting agency with whom the undersigned has financial relations.

x:		x:	
Signature (company)	Date	Signature (personal)	Date