TRIDENT

APPLICATION FOR COMMERCIAL FINANCING BUSINESS

Company name:	
Address:	
City:	Postal Code:
Email:	Website:
Tel.: ( )	Cell / Page: ( )
Owner: Yes ☐ No ☐ In whose name:	Value / Balance:
Years in business:	Business activity:
Responsible:	Title:

Mortgage Bank:	Account number:
Address:	
Tel.: ( )	

Business Bank:	Account number:
Address:	
Tel.: ( )	
Line of credit:	Head of account:

SUPPLIER	
Name:	
Address:	
Tel.: ( )	Responsible:

EQUIPMENT TO LEASE

Cost of the equipment:	**(before taxes)**
Term:	**(months)**
SOURCE:	
Agent / Broker:	
Date / Time:	

FOR INTERNAL USE	
TOTAL COST:	
- EXCHANGE / CASH:	
+ IN PROGRESS:	
TOTAL AMOUNT AT RISK:	

Please complete this form and fax it back to Trident at 514-221-3430.
For information call us at 514-315-2045 or info@tridentleasing.ca