LIGHT FINANCIAL CORPORATION

2230 Buttonbush Crescent, Mississauga, Ontario L5L IC5 Telephone (905)820-8887 Fax (905)820-9109 Email: Corinne@lightfinancial.ca

COMMERCIAL CREDIT APPLICATION

PURCHASER Legal Name______Phone#____ Address: Postal Code: Type of Business: _____ #of Yrs. In Business____ # of Employees: ____ Company Bank Address Account # Phone & Contact: **Supplier Information** _____Phone:_____ Name: Cost of Equipment before Taxes: ______Term of Lease: _____ Description of Equipment: What is Equipment used for: _____ Principals Information (if less than 3 years in Business) Name and Home Address (with postal code) Own or Rent? How long? _____ Mortgage Co.: _____ Amt. of Equity: _____ SIN: _____ Date of Birth: _____ Employer: ______Address: _____ Contact: ______Phone: _____Length of Employment: _____ Personal Bank and Address Phone # & Contact Account # I hereby certify that the information provided herein is truthful and accurate to the best of my ability and I hereby instruct Light Financial

I hereby certify that the information provided herein is truthful and accurate to the best of my ability and I hereby instruct Light Financial Corporation, or their assignees, Funders or Agents, to conduct such personal investigation and credit checks as it may deem necessary for the purpose of this application. It is also understood and agreed that Light Financial Corporation may furnish particulars of this application and subsequent relevant credit information and experience to other financial institutions and/or credit reporting agencies.

If your application is approved, you authorize Light Financial Corporation or any of its assignees to collect, use, hold, exchange and disclose your personal information as required, in order to administer your contract, determine your insurance eligibility and secure the assets being financed, or as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes

Applicant's Signature:		