



General Business	Full Legal Name					
	Address			Telephone		Fax
	City		Province	Postal Code	Contact Name/Title	
	Nature of Business			Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other		
	Business Premises <input type="checkbox"/> Own _____ (How Long?) <input type="checkbox"/> Rent _____ (How Long?)			Years in Business	Number of Employees	Fiscal Year Ends On

Personal	Name			Name		
	Residential Address <input type="checkbox"/> Own <input type="checkbox"/> Rent			Residential Address <input type="checkbox"/> Own <input type="checkbox"/> Rent		
	City	Province	Telephone	City	Province	Telephone
	Date of Birth: Day/Month/Year		S.S.N.	Date of Birth: Day/Month/Year		S.S.N.

Financial	Financial Institution & Address		How Long?	Account Number	Telephone	Fax
			Account Manager		Previous Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Gross Revenue	\$	Total Assets	\$	Income Before Taxes	\$
	Total Debt	\$	Net Income After Taxes	\$	Total Net Worth	\$

Equipment	Supplier Name & Address		Contact		Telephone	
					Fax	
	Equipment <input type="checkbox"/> New <input type="checkbox"/> Used	Description – Make/Model			Year	Serial Number
	Equipment Value \$	Term in Months _____	Payment Frequency <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S/A <input type="checkbox"/> A	Amount of First Payment \$	End of Term Minimum Resale Value \$	
	Is Principal Use of Equipment to Produce Income? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Type of Use: Custom Work _____% Industrial/Consturction _____% Commercial _____% Family/Pers./Household _____% Other _____%

References	Vendor Name			Previous Landlord		
	Address			Address		
	City	Province	Zipcode	City	Province	Zipcode
	Contact Name		Contact Phone Number			
	Length of Relationship _____ Years					

The undersigned certifies the above information to be true and accurate and furthermore consent to and authorizes Westar Real Property Services to conduct a corporate and/or personal credit investigation. I acknowledge that this information is being relied upon as accurate by Westar Real Property Services for credit purposes. I acknowledge my obligation and liability is joint and several with each co-applicant.

Applicant: X _____ **Date:** _____

Name (please print): _____ **Title:** _____

Co-Applicant: X _____ **Date:** _____

Name (please print): _____ **Title:** _____



Name		Date		
Address		City	Province	Postal Code

Current:		\$ Value
Cash & Savings		
Notes & Accounts Receivable		
Inventory		
Investments		
Vehicles		
RRSP		
Long Term:		
Equipment		
Real Estate		
Other		
Total Assets		

Current:		Monthly Payment	Outstanding Balance
Operating Loans			
Credit Cards			
Lease Payments			
Accounts Payable			
Long Term:			
Machinery			
Equipment			
Land			
Mortgage			
Other			
Total Liabilities			

Net Worth (Assets less Liabilities)	
Total Liabilities & Net Worth	

Authorization to Obtain Consumer Credit Report

By signing this application, each individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Westar Real Property Services or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original.

Applicant: X _____ **Date:** _____

Name (please print): _____ **Title:** _____

Co-Applicant: X _____ **Date:** _____

Name (please print): _____ **Title:** _____