

Dean Meppem – Business Development Manager <a href="mailto:dean@carboncapitalcorp.com">dean@carboncapitalcorp.com</a>

Cell: 403.651.6120

TOLL FREE FAX: 1.855.827.5439

## **Credit Application**

BOSINESS INFO	JKIVIATIO	N											
Full Legal Business Name						Operating Name							
GST Number		Ту	Type of Business			Year Established			Approximate Yearly Business Revenue				
Business Address						City			Province	e Postal Code			
				1									
Phone Number Mobile Number				Fax Number		Email Addre			•				
Insurance Company Name Contact Pers					erson/Bro	on/Broker/Agent Phone			Number or Email Address of Agent				
SHAREHOLDER								1 -				T	
Shareholder #1 – First and Last Name					Dat	Date of Birth (Mon/Day/Yr)			SIN#			Own/Rent?	
Home Address					City	/	P		Province		Postal Code		
Shareholder #2 – First and Last Name						Date of Birth			SIN#			Own/Rent?	
Home Address					City	City			Province		Postal Code		
EQUIPMENT IN	IFORMAT	ION											
Description										Selling Price			
Year	Hours / M	ileage	Serial	/ VIN Num	ber	Term Reque		uested		Down Payment			
The condensioned con		han Canital (	C					!	م ما الم	- :£		fa	
The undersigned agr from you and about													
credit reporting age		_			•	•							
become involved in assessment, risk mai													
person whom we co													
personal identifiers t	•	•									•		
obtain credit reports	•		-					-	•				
similar credit reporti or comments regard												dons, concerns	
Shareholder # 1 - Signature						Sharehold	Shareholder # 2 - Signature						
1													