www.SalonFurnishing.ca

UNION SALON FURNISHING

TWO MINUTE CREDIT APPLICATION

For Product Information Please Call: (905) 461-1138

Questions concerning this application or the Leasing of your equipment please phone: 1-855-427-3426

For fast approval please FAX this application to 1-866-532-7358 OR scan/photo to info@ineedalease.ca

Business Information

LEGAL BUSINESS NAME (Please indicate whether Limited, Incorporated, Sole Proprietor or Partnership)

ADDRESS | CITY, PROVINCE | POSTAL

CONTACT | TELEPHONE # | FAX # | WEBSITE ADDRESS

NATURE OF BUSINESS | # YEARS YOUR LEGAL BUSINESS NAME HAS BEEN REGISTERED

Principal #1 (Owner/Applicant)

(#1) PRINCIPAL (OWNER) LEGAL NAME | PERCENTAGE (%) OF BUSINESS OWNERSHIP %

Home Address | City | Province | Postal | Email Address

SOCIAL INSURANCE NUMBER | DATE OF BIRTH (Mo/Day/Yr) | OWN A HOME OR RENT? (Circle) Own Rent | MONTHLY RENT $ /mo.

HOUSE VALUE $ | MORTGAGE BALANCE $ | ESTIMATED RENEWAL DATE (MO.) /(YR.) | HOME OWNERS: Is your name on title? (circle) YES NO

HOME TELEPHONE # ( ) | CELLULAR # ( ) | EMAIL ADDRESS

Principal #2 (Co-Owner/Co-Applicant)

(#2) PRINCIPAL (CO-OWNER) LEGAL NAME | PERCENTAGE (%) OF BUSINESS OWNERSHIP %

Home Address | City | Province | Postal | Email Address

SOCIAL INSURANCE NUMBER | DATE OF BIRTH (Mo/Day/Yr) | OWN A HOME OR RENT? (Circle) Own Rent | MONTHLY RENT $ /mo.

HOUSE VALUE $ | MORTGAGE BALANCE $ | ESTIMATED RENEWAL DATE (MO.) /(YR.) | HOME OWNERS: Is your name on title? (circle) YES NO

HOME TELEPHONE # ( ) | CELLULAR # ( ) | EMAIL ADDRESS

MAILING ADDRESS: **USF, 13-2470 LUCKNOW DR. MISSISSAUGA, ON L5S 1J7** | SALES PERSON: | EMAIL: **info@SalonFurnishing.ca**

EQUIPMENT/FURNITURE DESCRIPTION (ATTACH QUOTE IF POSSIBLE) | COST (before taxes) $ | LEASE TERM REQUESTED (Years) 1 2 3 4 5

WHAT IS YOUR PREFERRED DELIVERY DATE? | DO YOU REQUIRE ANY ADDITIONAL EQUIPMENT FINANCED? YES NO

ACKNOWLEDGEMENT: By signing below the Applicant and/or User confirms that the Business, Principals, Co-Applicant, Co-Lessee or Guarantor have consented to: The collection, use and disclosure of Personal (or Business) Information for the purpose of credit adjudication by **Guardian Leasing Corp.** (GLC) and/or its affiliates (lessors, banks, credit unions & insurance companies) or referring sources in order to provide the applicant with the lease, loan, mortgage or financing requested. GLC and/or its funders to obtain credit information including consumer/commercial reports from consumer/commercial reporting agencies, financial institutions and any other references, provided by the applicant in connection with this application. A facsimile or electronic signature shall be accepted as an original execution. Social Insurance Numbers being used as an aid to identify you with the consumer credit reporting agency and/or funders, lenders or brokerages for credit history file matching purposes. GLC and/or its funders or affiliates may disclose or obtain Personal (or Business) Information in connection with the proposed financing to GLC subsidiary companies, related entities, funders, credit reporting agencies or other parties that the applicant may have financial dealings as well as GLC using said information to promote our services to you. *Terms based On Approved Credit (OAC).

X_____ Date _____
SIGNATURE PRINCIPAL #1 (Applicant)

X_____ Date _____
SIGNATURE PRINCIPAL #2 (Co-Applicant)

No fax? Take a photo or scan this document & email to info@ineedalease.ca

Photos: please check for clarity before sending. Thank you!