

# BHS LEASE

Div.of 1238548 Ontario Limited Tel:  
416-241-9100

email:sales@bhslease.ca

**One Simple Application, made easy.**  
Please complete and email to: sales@bhslease.ca

## Company Information

<b>Company Legal Name</b>		Trade Name	
Address	City	Province	Postal Code
Contact Name	Title	Telephone	Fax
Industry	Years In Business	Type of Business	
		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	
<b>Landlord Name</b>	Contact	Telephone	Fax
<b>Bank Name</b>	Branch	Contact	Account No
Address	City	Telephone	Fax

## Owner / Partner / Principal ( Please fill in one application per Applicant)

<b>Name</b>	SIN No.	Date Of Birth (M/D/Y)	Ownership %	
Address	City	Prov.	Postal code	Telephone      Fax
Home Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Value \$ \$	Mortgage \$ \$	Mortgage Holder	
Status Married <input type="checkbox"/> Single <input type="checkbox"/>	Dependants	Spouses Legal Name	Date Of Birth (M/D/Y)	SIN No.
<b>Bank Name</b>	Branch	Contact	Account No.	
Address	City	Telephone	Fax	
<b>Credit Card Grantor</b>	Name on Credit Card	Credit Card Number	Expiry Date	

## Lease Details

<b>Vendor</b>	Contact	Telephone	Fax
Equipment Description		Equipment Cost ( Pre Tax) \$	Lease Term Requested

**If over \$20,000 please provide a copy of your latest financial statement with this application.**

THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND CORRECT. BY SIGNING BELOW, I/WE CONSENT TO ANY Leasing Company OBTAINING FROM ANY CREDIT REPORTING AGENCY, INFORMATION AS IT MAY REQUIRE AT ANY TIME IN CONNECTION WITH THE CREDIT HEREBY APPLIED FOR, AND CONSENT TO DISCLOSURE AT ANY TIME OF ANY INFORMATION CONCERNING THE UNDERSIGNED TO ANY CREDIT REPORTING AGENCY WITH WHOM THE UNDERSIGNED HAS FINANCIAL RELATIONS .

<b>X:</b>		<b>X:</b>	
<b>Signature ( Company)</b>	<b>Date</b>	<b>Signature ( Personal)</b>	<b>Date</b>