HOWARD CARTER LEASE LTD.

Leasing Professionals - Committed to Excellence

Business Credit Application

Applicant Email _____

[SAVE] [PRINT] [SEND] [RESET]

DEALER TO COMPLETE	Year:	Make:		Model:
☐ Co-Applicant	☐ New Vehicle	☐ Used Vehicle	☐ Re-Lease	Stock No.

APPLICANT INFORMATION

Business Name:		Business Phone No.	Cell Phone No.

Business Address	Number and Street Name:	City:	Province:	Postal Code:	Address Length: Years _____

Previous Business Address (if less than 3 years at Current Address)	City:	Province:	Postal Code:	Address Length: Years _____

Business Description:	Years in Business: Years _____

Please Check One of the Following:

☐ Corporation   ☐ Partnership   ☐ Proprietorship

Jurisdiction of Incorporation:

Date of Incorporation:

OFFICERS AND PRINICPLES

Full Legal Name:	Job Title:	Contact Phone No.	Income Amount:

Home Address	Number and Street Name:	City:	Province:	Postal Code:	Authorized to Borrow

Full Legal Name:	Job Title:	Contact Phone No.	Income Amount:

Home Address	Number and Street Name:	City:	Province:	Postal Code:	Authorized to Borrow

BANKING AND CREDITORS

Name of Institution:	Branch:	Date Opened:	Contact Name:	Phone No.	Type of Account:

Name of Creditor:	Address	Number and Street Name:	City:	Province:	Postal Code:	Phone No.

Name of Creditor:	Address	Number and Street Name:	City:	Province:	Postal Code:	Phone No.

The personal / business information received from individuals relating to any transaction in this Dealership is collected in accordance with the Dealership's privacy policy. Its collection, use and disclosure is necessary for the purpose of purchase, sale, financing, lease, repair, service or testing of a vehicle(s) and related or other products and services of the Dealership and for providing information about other current and future products and services of this Dealership and affiliates, the manufacturer of new vehicles for which this Dealership is franchised, any insurers or warranty providers and any applicable leasing or financing entity. If anyone would like further information on our privacy policy, please contact the dealership's privacy officer.

Application Signature _____

Date _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS SECTION

Comments: _____

Account Manager _____

Approved By _____ Basis of Approval _____ Date _____