



MITSUBISHI HC CAPITAL CANADA

Mitsubishi HC Capital Canada Leasing, Inc.
 3390 South Service Road, Suite 301
 Burlington, Ontario L7N 3J5
 P > 1 855 840-1298
www.mhccna.com

CONTRACT NUMBER _____

CREDIT APPLICATION *(Complete in block letters)*

Phone: _____
 Fax: _____
 Email: _____
 Source: _____

LESSEE INFORMATION

Legal Name (Company): _____
 Address: _____ Contact: _____
 City / Province: _____ Cellular: _____
 Postal Code: _____ Email: _____
 Type of Business: _____ Phone: _____
 Since: _____ Fax: _____

SUPPLIER INFORMATION

Name: _____ Program No: _____
 Address: _____ Contact: _____
 City / Province: _____ Phone: _____
 Postal Code: _____ Fax: _____

EQUIPMENT DESCRIPTION *(Attach quote to the credit application)*

QUANTITY	DESCRIPTION	PRICE (\$)

PAYMENT TERMS

Total Cost (\$): _____ Term (Months): _____
 Deposit (\$): _____ Exchange Value (\$): _____
 Financed Amount (\$): _____

PERSONAL INFORMATION

Name: _____ Name: _____
 Address: _____ Address: _____
 City/Province: _____ City/Province: _____
 Postal Code: _____ Postal Code: _____
 Phone: _____ Phone: _____
 SIN: _____ DOB: _____ SIN: _____ DOB: _____
 Owner? (Y/N) _____ Since: _____ Owner? (Y/N) _____ Since: _____
 Real Estate value (\$): _____ Real Estate value (\$): _____
 Mortgage balance (\$): _____ Mortgage balance (\$): _____

CONSENT PERSONAL INFORMATION AND SIGNATURE: The undersigned confirms that the above information is true. In addition, it authorizes Mitsubishi HC Capital Canada, Inc., its subsidiary Mitsubishi HC Capital Canada Leasing, Inc. and / or Mitsubishi HC Capital America, Inc. (hereinafter referred to collectively as "MHCCCL"), or any other financial institution, to request and exchange any information Regarding solvency, particularly with respect to applications to credit bureaus and their full disclosure at any time. The undersigned acknowledges that MHCCCL has a serious and legitimate interest in collecting personal information about itself from itself or from third parties in order to operate its business. He acknowledges the very fact that MHCCCL can build a file with the personal information collected. The file thus constituted will be kept at one of MHCCCL's places of business and may only be consulted by authorized persons. The undersigned will have the right to access this file by making a written request in this regard. The undersigned also acknowledges that MHCCCL discloses any financial information or other material in connection with the granting of such assignment. This consent may be withdrawn at any time by communicating in writing with MHCCCL.

****If you are unable to sign this Credit application, please call our interactive voicemail at 1-800-373-7393 extension 8889 to give your verbal consent.****

 Date Signature (A) Signature (B)