



OPEN CREDIT LEASE APPLICATION

Asset Capital Lease Corporation
North America Finance Group
Suite, 3352, 11215 – Jasper Ave.
Edmonton AB Canada T5K 0L5
Phone 780-906-4775 Fax 780-465-2288

CUSTOMER INFORMATION

BUSINESS NAME (LESSEE)			PHONE
ADDRESS			FAX
CITY	STATE / PROV	ZIP / POSTAL CODE	E-MAIL
YEARS IN BUSINESS	TYPE OF BUSINESS ___ CORPORATION ___ PROPRIETORSHIP ___ PARTNERSHIP		
CORPORATE SECRETARY		DATE OF INC.	FED TAX ID NO. / CORP ACCESS NO.

INFORMATION ON PRINCIPALS

NAME	SOCIAL SECURITY NO. / SIN		TITLE
HOME ADDRESS	CITY	STATE / PROV	HOME PHONE
NAME			TITLE
HOME ADDRESS	CITY	STATE / PROV	HOME PHONE
PERSONAL GUARANTEE OF OWNERS OFFERED ___ YES ___ NO			

BANK REFERENCES PLEASE (please supply two)

1 ST BANK NAME	BRANCH	PHONE
BANK CONTACT	ACCOUNT NUMBER	
2 ND BANK NAME	BRANCH	PHONE
BANK CONTACT	ACCOUNT NUMBER	

TRADE REFERENCES (please provide two)

1 ST TRADE NAME	CONTACT	ACCOUNT NO.	PHONE
2 ND TRADE NAME	CONTACT	ACCOUNT NO.	PHONE

DEALER / DISTRIBUTOR INFORMATION

DEALER / DISTRIBUTOR NAME	CONTACT / SALES REP	REP. NO.	PHONE / FAX
ADDRESS	CITY	STATE / PROV	ZIP / POSTAL CODE

EQUIPMENT INFORMATION (attach schedule if required)

EQUIPMENT LOCATION (IF NOT SAME AS ABOVE)	CITY	STATE / PROV	ZIP / POSTAL CODE
EQUIPMENT DESCRIPTION			
EQUIPMENT COST	OTHER COSTS	TOTAL COST	LEASE TERM AND PAYMENT PREF.
END OF LEASE OPTIONS ___ FAIRMARKET VALUE ___ \$1.00 BUY OUT ___ OTHER			

AUTHORIZATION ASSET CAPITAL LEASE OR ITS ASSIGNS ARE AUTHORIZED TO CHECK WITH ALL REFERENCES LISTED ABOVE AND TO MAKE ANY OTHER INQUIRIES TO FACILITATE A CREDIT DECISION AND YOU HAVE PERMISSION TO USE THIS INFORMATION FOR UNDERWRITING OUR REQUEST. ALL INFORMATION PROVIDED HERE IS TRUE AND ACCURATE.

X _____
AUTHORIZED SIGNATURE PRINT NAME AND TITLE DATE