

Head office:

Mailing address:

CREDIT APPLICATION

 8593 State Highway 77
 500-11505, 1st Avenue

 Oran, MO 63771-7102
 Saint-Georges, QC G5Y 7X3

 Phone: 418 227-8384
 Toll free: 866 634-6562
 Fax: 418 228-0334

	APPL	ICANT	INFORM	ATION				
Company Name					Date			
Address					Type of Business			
City	State	Zip code			Cell phone Number			
Phone Number		Fax Number		US DOT #				
Contact Name		Email Address				Years in Business		
Financial Institution Name		Phone Number		Fax Number				
Contact Name		Account Number		Factoring Company (if any)				
Authorized Line of Credit		Sales Figures \$		Type of trailers owned (ex: platforms)				
Total estimated mileage per year		Fleet (average age) Trucks: Trailers:			Trucks owned: Trailers:			
Three Principal Customers and % of sal 1-	es for each			Percentage %	Financial end of year			
2-				%	Federal ID Tax Number			
3-				%				

EQUIPMENT FINANCED – LEASE CREDIT REFERENCES							
Financial Institution Name	Account Number	Phone Number	Fax Number				

Authorization

I hereby authorize Finloc 2000 (U.S.A.) Inc., its affiliates and related companies to obtain any information it deems appropriate in regards to the above mentioned company. I confirm/attest that all of the above information is complete and accurate. Moreover, I authorized Finloc 2000 (U.S.A.) Inc., its affiliates and related companies to communicate said information to the above-mentioned company's creditors, financial institutions and suppliers, as well as to the investigation agency chosen by Finloc 2000 (U.S.A.) Inc., its affiliates or related companies.

Authorized signatory T	Title			Date								
PERSONAL INFORMATION OFFICERS/OWNERS												
Name (1)		Birthdate	% Ownership		Social Insurance Number							
Home Address / Owner Yes 🗌 No 🗌		City	Province	Postal Code	Phone Number							
Property Assessment	\$	Mortgage Balance \$	Total investments \$		Total of other liabilities	\$						
Name (2)		Birthdate	% Ownership		Social Insurance Number							
Home Address / Owner Yes 🗌 No 🗌		City	Province	Postal Code	Phone Number							
Property Assessment	\$	Mortgage Balance \$	ce Total investments \$ \$		Total of other liabilities	\$						

Authorization

I hereby authorize Finloc 2000 (U.S.A.) Inc., its affiliates and related companies to obtain any information it deems appropriate in regards to the above mentioned persons. I confirm/attest that all of the above information is complete and accurate. Moreover, I authorized Finloc 2000 (U.S.A.) Inc., its affiliates and related companies to communicate said information to the above-mentioned company's creditors, financial institutions and suppliers, as well as to the investigation agency chosen by Finloc 2000 (U.S.A.) Inc., its affiliates or related companies.

(1) Signatory

(2) Signatory