



**Head office:**  
8593 State Highway 77  
Oran, MO 63771-7102  
Phone: 418 227-8384 Toll free: 866 634-6562 Fax: 418 228-0334

**Mailing address:**  
500-11505, 1st Avenue  
Saint-Georges, QC G5Y 7X3

**CREDIT APPLICATION**

**DEALER INFORMATION**

Company Name		Years in Business
Complete Address (head office)		
Phone Number	Fax Number	
Contact Name and Title	Email Address	
Authorized Line of Credit \$	Sales Figures \$	Federal ID Tax Number

**PROPOSED TRANSACTION DETAILS**

EQUIPMENT DESCRIPTION:
Cost (USD): \$

**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.

\_\_\_\_\_ Title \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_  
Authorized signatory

**PRINCIPAL SHAREHOLDERS INFORMATION**

Name (1)	Date of Birth (mm/dd/yyyy)	% Ownership	Social Security Number
Complete Home Address / Owner Yes <input type="checkbox"/> No <input type="checkbox"/> / Rent <input type="checkbox"/> / Other <input type="checkbox"/>			Phone Number
Property Assessment \$	Mortgage Balance \$	Total investments \$	Total of other liabilities \$
Name (2)	Date of Birth (mm/dd/yyyy)	% Ownership	Social Security Number
Complete Home Address / Owner Yes <input type="checkbox"/> No <input type="checkbox"/> / Rent <input type="checkbox"/> / Other <input type="checkbox"/>			Phone Number
Property Assessment \$	Mortgage Balance \$	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.

\_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_  
(1) Signatory (2) Signatory