

35 West Pearce Street Unit 23 Richmond Hill, Ontario L4B 3A9

(T) 905-212-9912 (F) 905-629-3127 (TF) 1-844-212-9912

www.globalleasinggroup.com

Commercial Lease and Purchase Finance Application

| Applicant Name: | | | | Home Phone |
|--|-------------------------|---------------|---------------------------|---------------------------------|
| Address: | | | | Cell Phone |
| | | | | Postal Code |
| Own/Rent | Time at Curre | nt Residence | 1 | Email |
| Previous address if Less that two y | ears | | | |
| Social Insurance # | | | Driver's Licens | se No. |
| Date of Birth (mm/dd/yy) | | - | Are you Under | Bankruptcy Protection (Y/N)? |
| What type of financing are yo | ou interested in? | Lease_ | Pur | rchase Purchase/Leaseback |
| Vehicle Details* | Year | Make | | Model |
| | VIN | | | |
| * Please attach a copy of the v | ehicle specification s | heet and/or e | stimate from the | e Dealer |
| Referring Dealer | | Contact | | Phone |
| Employment Details | Self Employed (Y/N) | · | Owner/Operator (| (Y/N) Sole Proprietor (Y/N) |
| | | | | |
| Operating Authorities (i.e. plates a | | | | |
| C | | | | |
| General Business Informat | • | • | Business Nu | umber |
| Business Name (As shown in the A | • | _ | | |
| | | | | Bus. Phone |
| | | | | Postal Code |
| Website | | | | Fax |
| Date Business Established | | | t is your Fiscal Year End | |
| Does the business use a trade name | e or operating as? | Yes/No | | If yes, where is it registered? |
| If yes what is the trade name? | | | | |
| | | | | If yes to whom? |
| | | Is it under | a General Security | y Agreement (GSA)? Yes/No |
| Income and Tax Information | on | | | |
| What is your Gross Monthly Incon | ne | Net Month | | Gross Annual Income Last Year |
| Are you and the Business current v | with: Federal/Provi | ncial Tax? | Yes/No | If no, arrears amount? |
| | GST/HST Fili | ngs? | Yes/No | If no, arrears amount? |
| | Employee dec | luctions? | Yes/No | If no, arrears amount? |
| If no to any of the above is there are | n arrangement in place | with Canada R | evenue Agency? | |
| Are you willing to provide copies | of your Notice of Asses | sments (NOA) | to support the abo | ove information (Y/N)? |
| Bank Information Name | of Bank | | | How Long with Bank |
| Address | | | Phone | Fax |
| Account Number | | | Account Ma | nager |
| | | | | |

Liabilities Assets Amount Amount Cash on Hand Mortgage Real Estate Loan (specify) Line of Credit (specify) Investments - Stocks & Bonds Life Insurance - Attach Details Credit Card (specify) Vehicles (specify) Credit Card (specify) Vehicles (specify) Income Tax Unpaid Other Assets – list below Property Tax Unpaid Other Liabilities – list below Total Assets (A) Total Liabilities (B) Net Worth (A - B)**Gross Annual Income Annual Expenditures Amount Amount** Salary, Wages, Commissions, etc. **Property Taxes Business or Professional Income** Income Taxes Rental Income Mortgage Payments Dividends & Interest Loan Payments Other Income (specify) Payments on Charge Accounts Insurance Premiums **Estimated Living Expenses** Other (specify) Total Gross Income (C) Total Expenditures (D) Net Disposable Income (C – D) Acknowledgement The above statements in this application are true and accurate to the best of my information and belief. I have the authority to bind the Company and this serves as my permission for the release of any information regarding this application for the purpose of both personal or corporate credit investigation. I acknowledge and consent to the collection and use of personal information in this application by Global Leasing Group Inc. in connection with the granting or consideration of credit including credit reporting agencies. I agree to the privacy statement and terms and conditions outlined on the Global Leasing Group Inc. website www.globalleasinggroup.com. I acknowledge that the provision of incorrect information or the misrepresentation of any information provided on this form will result in Global Le asing Group Inc. withdrawing any offer of financing. **Applicant Signature** Date **Other Shareholders and Officers** (if different than main applicant) Partner One Name Phone Address Own/Rent ____ City Province Postal Code
SIN Date of Birth Driver's License Number _____ Signature _____ Date Partner Two Name Phone ____ Address Own/Rent City Province Postal Code Date of Birth SIN ____ Driver's License Number Signature _____

(Main Applicant to complete)

Personal Net Worth Statement