

Vendor/Broker Profile

Please Fill Out Completely And Fax To Credit at 1-866-404-4148

Full Legal Name		Trade Name or Operating Name		
Mailing Address		City	Prov./State	Zip/Postal Code
Telephone ()	Fax ()	Contact Name / Title		Email
Date Incorporated or Established	Yrs. Under Present Owner	GST Number		No. of Employees
Structure (circle one): Corporation Partnership Proprietorship Other				

Owner/Principal				
Name 1	SIN	Date Of Birth	Ownership%	Time with company
Address	City	Prov.	Postal Code	Telephone
				Fax
Name 2	SIN	Date Of Birth	Ownership%	Time with company
Address	City	Prov.	Postal Code	Telephone
				Fax

Business Bank References			
Bank Name 1	Contact	Phone ()	Fax ()

Trade References (One Leasing Funder if available)			
Firm Name 1	Contact	Phone ()	Fax ()
2		()	()
3		()	()

Equipment / Machinery				
Description of Equipment / Machinery				
On a typical sale, what is the % of equipment to soft assets (i.e. software, installation etc)?			Hard %	Soft %
Estimated Useful Life: years	Estimated Resale Value: after	1 year (%)	3 years (%)	5 years (%)
Is used equipment sold?	Is service offered?		Warranty Length:	
Authorized Distributor for:				

Referenced Application	Application #	Lessee Name
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CONFIRMATION OF INFORMATION ACCURACY; DISCLOSURE and CONSENT

The undersigned certifies the above information to be true and correct. By signing and submitting this application, I/we hereby consent to and authorize Michael Shane Agency Leasing Corp., and its related entities/corporations (collectively "Michael Shane Agency"), to verify, conduct, collect, use, and disclose where necessary, financial and credit investigations for the purposes of reviewing, considering, approving, administrating, maintaining and/or enforcing the leasing/financing sought herein, including obtaining any information required from any source whatsoever, and each source is hereby authorize to provide such information to Michael Shane Agency.

I/we understand, acknowledge, accept and consent to my/our personal information, along with the relevant financial and credit investigations to which I/we have consented to Michael Shane Agency gathering, being shared between Michael Shane Agency and other parties Michael Shane Agency deems relevant to the credit analysis and lease administration process, including but not limited to credit reporting agencies, credit exchanges, leasing brokers/intermediaries and credit grantors, and any other relevant parties/organizations for the purposes specified herein. I/we are aware of, and consent to, my/our personal information being transmitted between Canada and the United States of America for the purposes mentioned above, and I/we further understand, acknowledge and accept that my/our personal information, and the privacy protections afforded thereto, are therefore subject to the laws of both Canada and the United States of America. I/we further understand, acknowledge and accept that upon entering into a security agreement with Michael Shane Agency, Michael Shane Agency in its sole and absolute discretion may transfer/assign Michael Shane Agency's rights/interests under the security agreement to another party of Michael Shane Agency's choosing.

If Michael Shane Agency declines this application, it may periodically review it at any time to reconsider its decision or to offer me/us other products or services. I understand and consent to this application being held on file by Michael Shane Agency for the above purposes, as well as for statistical analysis, until the end of the leasing relationship, or if no relationship then for a period of twelve months, after which Michael Shane Agency, in keeping with its privacy policy, will destroy this document. If I wish a copy of the official privacy policy, I may request same from Michael Shane Agency.

FAX COPY. The parties agree that a fax copy of this referenced Agreement and any Schedules or amendments thereto and the signatures of the parties on those documents shall be sufficient for contractual purposes and the fax copy shall be deemed to be as if it were an original.

Authorized Signature X:	Name (Please Print)	Title	Date:
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