



ARCTIC REFRIGERATION & EQUIPMENT CREDIT APPLICATION

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EMAIL: info@ArcticFoodEquip.com

WEB: www.ArcticFoodEquip.com

CONTACT: Cam Stewart

Business Information

LEGAL BUSINESS NAME (Please indicate whether Limited, Incorporated, Sole Proprietor or Partnership)

ADDRESS CITY, PROVINCE POSTAL

CONTACT TELEPHONE # FAX # WEBSITE ADDRESS

NATURE OF BUSINESS # YEARS YOUR LEGAL BUSINESS NAME HAS BEEN REGISTERED

Principal #1 (Owner)

(#1) PRINCIPAL (OWNER) LEGAL NAME PERCENTAGE (%) OF BUSINESS OWNERSHIP
%

Home Address City Province Postal Email Address

SOCIAL INSURANCE NUMBER DATE OF BIRTH DO YOU OWN A HOME OR RENT? (Circle) MONTHLY RENT
Own Rent \$ /mo.

HOUSE VALUE MORTGAGE BALANCE ESTIMATED RENEWAL DATE DO YOU OWN OTHER BUSINESSES?
\$ \$ (MO.) / (YR.)

NAMES OF INDIVIDUALS ON TITLE (WHO OWN HOME) HOME TELEPHONE # CELLULAR #
() ()

Principal #2 (Co-Owner or Co-Applicant or Co-Signor/Guarantor)

(#2) PRINCIPAL (CO-OWNER) LEGAL NAME PERCENTAGE (%) OF BUSINESS OWNERSHIP
%

Home Address City Province Postal Email Address

SOCIAL INSURANCE NUMBER DATE OF BIRTH DO YOU OWN A HOME OR RENT? (Circle) MONTHLY RENT
Own Rent \$ /mo.

HOUSE VALUE MORTGAGE BALANCE ESTIMATED RENEWAL DATE DO YOU OWN OTHER BUSINESSES?
\$ \$ (MO.) / (YR.)

NAMES OF INDIVIDUALS ON TITLE (WHO OWN HOME) HOME TELEPHONE # CELLULAR #
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Financing Details

EQUIPMENT DESCRIPTION (ATTACH QUOTE) EQUIPMENT COST (before taxes) LEASE TERM REQUESTED (Years)
\$ 1 2 3 4 5

PREFERRED DELIVERY DATE? ADDITIONAL INFORMATION YOU BELIEVE MAY BE HELPFUL IN OBTAINING CREDIT

ACKNOWLEDGEMENT: By signing below the Applicant and/or User confirms that the Business, Principals, Co-Applicant, Co-Lessee or Guarantor have consented to: The collection, use and disclosure of Personal (or Business) Information for the purpose of credit adjudication by Arctic Refrigeration & Equipment (A.R.E.) and/or its affiliates (lessors, banks, credit unions & insurance companies) or referring sources in order to provide the applicant with the lease, loan, mortgage or financing requested. A.R.E. and/or its funders to obtain credit information including consumer/commercial reports from consumer/commercial reporting agencies, financial institutions and any other references, provided by the applicant in connection with this application. A facsimile or electronic signature shall be accepted as an original execution. Social Insurance Numbers being used as an aid to identify you with the consumer credit reporting agency and/or funders, lenders or brokerages for credit history file matching purposes. A.R.E. and/or its funders or affiliates may disclose or obtain Personal (or Business) Information in connection with the proposed financing to A.R.E. subsidiary companies, related entities, funders, credit reporting agencies or other parties that the applicant may have financial dealings as well as A.R.E. using said information to promote our services to you.

X _____ Date _____ X _____ Date _____
SIGNATURE OF PRINCIPAL #1 (Applicant) SIGNATURE OF PRINCIPAL #2 (Co-Applicant)

Please FAX this application to 905-521-1516 or scan & email to info@ArcticFoodEquip.com