



**Commercial Food Service
Equipment & Supplies**
bramainc.com

LEASE APPLICATION

175 Romina Drive, Vaughan, Ontario L4K 4V3
leasing@bramainc.com
Phone: (905) 760-9200

Please fill out this form completely, print, sign and send it to leasing@bramainc.com

| | | |
|-------------------------|-------|-----------------------|
| VENDOR: | | SALESPERSON |
| EQUIPMENT TO BE LEASED: | COST: | PREFERRED LEASE TERM: |

| | | | | | |
|---|--|--------------------|--------------------|---------------------|---|
| COMPANY APPLICATION INFORMATION: | | | | | |
| LEGAL BUSINESS NAME: | | CONTACT NAME: | | OWNER NAME: | % |
| OPERATING NAME: | | CONTACT POSITION: | | OWNER NAME: | % |
| BUSINESS ADDRESS: | | CITY: | PROV/STATE: | POSTAL/ZIP: | OWNER NAME: |
| TEL: | | FAX: | E-MAIL: | | OWNER NAME: |
| NATURE OF BUSINESS: | | YEARS IN BUSINESS: | YEAR INCORPORATED: | ANNUAL GROSS SALES: | <input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC |

| | | | | | |
|---------------------------------------|------------------|-------------|------------------|--------|--|
| COMPANY REFERENCE INFORMATION: | | | | | |
| BUSINESS BANK: | BRANCH LOCATION: | ACCOUNT NO: | CONTACT OFFICER: | PHONE: | |

| | | | | | |
|--|-------------------------------|--|-------------------------------|-------------------------|-------------------|
| PERSONAL APPLICANT/GUARANTOR INFORMATION: | | | | | |
| PERSONAL APPLICANT LEGAL NAME: | | | TITLE: | SIN/SSN: | DOB (MM-DD--YY) |
| HOME ADDRESS: | | | CITY: | PROV/STATE: | POSTAL/ZIP: |
| | | | <input type="checkbox"/> OWN | HOW LONG? | |
| | | | <input type="checkbox"/> RENT | | |
| TEL: | CELL: | E-MAIL: | | ANNUAL PERSONAL INCOME: | |
| EVER BANKRUPT? | IF YES, WHAT YEAR DISCHARGED? | OTHER LEASES | MONTHLY MORTGAGE/RENT: | VALUE OF HOME: | MORTGAGE BALANCE: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> VEHICLES <input type="checkbox"/> EQUIPMENT | | | |
| CO-APPLICANT / SPOUSE: | | EMPLOYER/OCCUPATION/TITLE | SIN/SSN: | DOB (MM-DD--YY) | |
| HOME ADDRESS: | | | CITY: | PROV/STATE: | POSTAL/ZIP: |
| | | | <input type="checkbox"/> OWN | HOW LONG? | |
| | | | <input type="checkbox"/> RENT | | |
| TEL: | CELL: | E-MAIL: | | ANNUAL PERSONAL INCOME: | |
| EVER BANKRUPT? | IF YES, WHAT YEAR DISCHARGED? | OTHER LEASES | MONTHLY MORTGAGE/RENT: | VALUE OF HOME: | MORTGAGE BALANCE: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> VEHICLES <input type="checkbox"/> EQUIPMENT | | | |

COMMERCIAL ELECTRONIC COMMUNICATIONS AUTHORIZATION

IN AN EFFORT TO ENSURE COMPLIANCE WITH CANADA'S ANTI-SPAM LEGISLATION (CASL), BRAMA INC., REQUIRES YOUR CONSENT TO RECEIVE COMMERCIAL ELECTRONIC COMMUNICATIONS.

COMMERCIAL APPLICANT: **MY SIGNATURE BELOW ACTS AS CONSENT FOR RECEIPT OF COMMERCIAL ELECTRONIC COMMUNICATIONS.** YES NO
PERSONAL APPLICANT: **MY SIGNATURE BELOW ACTS AS CONSENT FOR RECEIPT OF COMMERCIAL ELECTRONIC COMMUNICATIONS.** YES NO
CO-APPLICANT APPLICANT: **MY SIGNATURE BELOW ACTS AS CONSENT FOR RECEIPT OF COMMERCIAL ELECTRONIC COMMUNICATIONS.** YES NO

CREDIT CHECK AUTHORIZATION

THE ABOVE APPLICANT(S) ACKNOWLEDGES THAT ALL INFORMATION IS ACCURATE AND TRUE AND HEREBY AUTHORIZES ECONOLEASE FINANCIAL SERVICES AND ALL ITS FINANCIAL PARTNERS TO VERIFY BOTH THE ACCURACY AND LEGITIMACY OF THIS INFORMATION. ECONOLEASE FINANCIAL SERVICES AND ALL ITS FINANCIAL PARTNERS ARE ALSO HEREBY AUTHORIZED TO OBTAIN, COMPARE AND SHARE CREDIT BUREAU REPORTS AND OTHER CORPORATE AND PERSONAL CREDIT INFORMATION AS MAY BE DEEMED NECESSARY FOR THE PURPOSE OF CREDIT ADJUDICATION RELATED TO THIS LEASE APPLICATION OR ANY OTHER FINANCIAL RELATIONSHIP THE APPLICANT(S) MAY WISH TO HAVE WITH ECONOLEASE FINANCIAL SERVICES AND ITS FINANCIAL PARTNERS.

COMMERCIAL APPLICANT'S SIGNATURE

PERSONAL APPLICANT'S SIGNATURE

CO-APPLICANT/SPOUSE'S SIGNATURE

DATE