



COMMERCIAL CREDIT APPLICATION

TRANSACTION DETAILS			
Vendor	Sales Rep	Phone	Fax
Equipment Description	Cost (Pre-Tax)	New or Used	Term Requested

COMPANY INFORMATION			
Legal Company Name		Operating As	
Address		City	State/Prov Zip/Postal Code
Business Phone	Fax	Mobile	
Business Registration Number (BIN/HST#)		Email	
Type of Business Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>			
Industry	Business Start Date (dd/mmm/yy)	Current Owner Since (dd/mmm/yy)	
Business Bank	Branch	Acct #	
Contact	Phone	Fax	

PRINCIPALS OF THE COMPANY			
Last Name		First Name	Date of Birth (dd/mmm/yy) SSN/SIN
Address		City	State/Prov Zip/Postal Code
% Ownership	Phone	Email	
Home Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Value \$	Mortgage \$	Monthly Payment \$
Last Name		First Name	Date of Birth (dd/mm/yy) SSN/SIN
Address		City	State/Prov Zip/Postal Code
% Ownership	Phone	Email	
Home Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Value \$	Mortgage \$	Monthly Payment \$
Has either Principal ever declared Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> Name:			

The undersigned agrees that Armada Credit Group Inc. and our funding partners (together, "Armada", "us", "we", "our") may collect, use and disclose certain personal and business information ("Information") from you and about you. Information may be collected from and disclosed to our agents, affiliates, third party service providers, credit bureaus, credit reporting agencies, other credit grantors, any person you have or propose to have financial relations with as well as third parties who wish to become involved in the syndication of a loan, lease or other investment in which your Information is relevant, or who are involved in risk assessment, risk management, or due diligence in the context of a financial transaction or proposed financial transaction. You also authorize any person whom we contact in this regard to provide such Information to us. You acknowledge that we may transfer your Information to countries in the world where we do business. As a result, your Information may be accessible to regulatory authorities in accordance with the laws of these jurisdictions. We may collect, use and disclose your Social Insurance Number, Social Security Number or other personal identifiers to verify and report credit information to credit bureaus or credit reporting agencies as well as to confirm your identity. We may give Information about you to our affiliates so that these companies may tell you directly about their products and services. Your consent to this is not a condition of doing business with us and you may withdraw it at any time. By choosing to provide us with your personal and business Information, you are consenting to its use in accordance with the principles set out in the Armada Credit Group Inc. Privacy Agreement, a copy of which may be viewed and obtained at any time at www.armadafinancial.com.

Signed for Company X	Date	Co-Applicant #1 Signature X	Date
		Co-Applicant #2 Signature X	Date