



SNAP Commercial Finance Corp.  
 538 Cambie Street  
 Vancouver, BC V6B 2N7  
 Account Manager:  
 Tel (direct):

**CREDIT APPLICATION**

PLEASE COMPLETE THIS FORM IN FULL AND EMAIL TO

OR FAX TO

**VENDOR INFORMATION & TRANSACTION DETAILS**

|                        |                          |  |  |
|------------------------|--------------------------|--|--|
| Vendor:                |                          | Contact Name:  |  |
| Tel:                   | Fax:                     | Email:   |  |
| Equipment Description: |                          | Equipment is: <input type="checkbox"/> New <input type="checkbox"/> Used - If used, how old: |  |
| Equipment Cost:        | Term Requested (months): | Quote Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No                     |  |

**BUSINESS INFORMATION**

|  |                            |                     |                        |
|--|----------------------------|---------------------|------------------------|
| Type of Business (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Sole-Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Organization |                            |                     |                        |
| Full Legal Name:   |                            | Operating Name:     |                        |
| Business Industry Type:  |                            | Yrs in Business:    | Website:               |
| Mailing Address:   |                            | City:               | Province: Postal Code: |
| Contact:   | Tel:                       | Fax:                | Email:                 |
| Estimated Annual Sales:  | Estimated Annual Profits : | # of F/T Employees: |                        |
| Insurance Broker:  | Insurance Contact:         | Insurance Tel:      |                        |

**The following information is required for incorporated applicants in business for fewer than 2 years (or have less than 5 employees) and for all proprietorships regardless of years in business, and is requested for the sole and exclusive purpose of obtaining a credit check. By signing below, the Principal(s) consent to the obtaining, verification and disclosure by SNAP Commercial Finance Corp. of credit and personal information for the purposes of the extension of credit from any credit bureau or credit agency.**

**PRINCIPAL INFORMATION #1**

|  |                   |   |                        |
|--|-------------------|---|------------------------|
| First Name (as written on drivers license):                              |                   | Last Name (as written on driver's license): |                        |
| Business Title:  | Date of Birth:    | SIN:  |                        |
| Home Address:  |                   | City:                                       | Province: Postal Code: |
| Home Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent | Mortgage Payment: | Value of Home:                              |                        |
| Mortgage Balance:  | Years at Address: |   |                        |

**PRINCIPAL INFORMATION #2**

|  |                   |   |                        |
|--|-------------------|---|------------------------|
| First Name (as written on drivers license):                              |                   | Last Name (as written on driver's license): |                        |
| Business Title:  | Date of Birth:    | SIN:  |                        |
| Home Address:  |                   | City:                                       | Province: Postal Code: |
| Home Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent | Mortgage Payment: | Value of Home:                              |                        |
| Mortgage Balance:  | Years at Address: |   |                        |

**CREDIT BUREAU CONSENT IS REQUIRED TO BE ABLE TO PROCEED WITH THIS APPLICATION.**

By checking the box below ("the Principal(s)" or "you") acknowledge and agree that personal information contained in this Application or provided subsequently for the purpose of securing credit is true, correct and complete, and personal information obtained from a credit/consumer reporting agency and/or financial institution, as described below, may be used by, collected and/or disclosed to SNAP Commercial Finance Corp. ("Lender", "SCFC", "we", "us" or "SNAP") (including subsidiaries, affiliates, agents of SCFC, as well as the authorized vendor named above or any other authorized vendor(s) designated by SCFC) for the following purposes: (i) evaluating the credit application and the undersigned's eligibility for credit, (ii) entering into a Rental Agreement, Installment Payment Agreement or Agreement, (iii) contract management and administration, (iv) product warranty or marketing of other related products or services, and (v) other reasonable business purposes. The "Principal(s)" or "you" acknowledge and agree that personal information may be transferred to a third party to be used for the same purposes as described herein if the Rental Agreement, Installment Payment Agreement or Agreement entered into by the "Principal(s)" or "you" is transferred or assigned to such third party. You may request the name and address of the credit/consumer reporting agency supplying the credit/consumer report.

**PRINCIPAL SIGNATURE:** To confirm your consent we require your authorized signature. You sign this application by entering your name in the space provided below as it appears on the application and checking the box next to your signature. Each Principal must personally sign the application in this manner.

**PRINCIPAL SIGNATURE #1:**

*By checking this box, you acknowledge that this is in fact your electronic signature and you accept the terms and conditions above*

**PRINCIPAL SIGNATURE #2:**

*By checking this box, you acknowledge that this is in fact your electronic signature and you accept the terms and conditions above*