



Automotive Leasing Services

COMMERCIAL CREDIT APPLICATION

TELEPHONE (416) 609-2125
FAX (416) 609-2730

PROPER LEGAL NAME OF COMPANY IN FULL AND OPERATING NAME		PHONE NO.	FAX NO.
ADDRESS		ONTARIO R.I.N. NO.	
CITY	PROVINCE	POSTAL CODE	WEBSITE
PERSON TO CONTACT		EMAIL ADDRESS	
FORM OF ORGANIZATION:		PROPRIETORSHIP <input type="checkbox"/>	
CORPORATION <input type="checkbox"/>		PARTNERSHIP <input type="checkbox"/>	
NAMES OF PRINCIPALS		% OF OWNERSHIP	RESIDENCE ADDRESSES
TITLES			
TYPE OF BUSINESS		DATE OF LAST FINANCIAL STATEMENT	
BANK	BRANCH ADDRESS	CITY	PHONE NO.
COMMENTS		BANK CONTACT	ACCOUNT NUMBER
TRADE REFERENCES:		ADDRESS	CONTACT NAME
			TELEPHONE NO.
I certify that all the information in this application is true and complete. I acknowledge that the personal information gathered may be used by Quest Automotive Leasing Services ("QALS"), its funders, agents and assigns to assess my credit worthiness, provide products, administer the lease and to perform services as may be requested by me. QALS may also disclose my personal information to third parties such as but not limited to the manufacturer of my vehicle, credit reporting agencies, financial institutions of financing companies, my insurance agent or company and companies which provide or insure warranties relating to my vehicle. QALS may also disclose my personal information where they are required or permitted by law to do so. By executing this document below, I have consented to these uses and disclosures.		CUSTOMER NO.	
X SIGNATURE OF SIGNING OFFICER (ASO)		APPROVAL	
TITLE: _____		DATE: _____	

RETURN TO THE ATTENTION OF: _____