



Fax: (800) 530-9820
Phone: (800) 530-0225
www.liftcapital.ca

Dealer		Contact	
Phone #	- -	Fax #	- -

Client Information: (Check one) Proprietorship Partnership Corporation

Client Name					
Type of Bus.					
Address					
City		Province		Post. Code	
Bus #	- -	Fax #	- -	Yrs. In Bus.	
Contact/Title			E-Mail Address		
Equipment location if not as above					
Insurer or Broker Name		Phone	- -	Fax	- -

Equipment Description

Quantity	Year	Description	Cost
			\$
			\$
			\$
			\$
IF USED EQUIPMENT, ADVISE ON THE YEAR OF MANUFACTURE		Total Cost Of Equipment (excl. tax)	\$
		Less: Trade-In <input type="checkbox"/> or Down Payment <input type="checkbox"/>	\$
		Total Amount To Finance	\$

Lease Term	_____ Months	Paid	<input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ (specify)
Payment	\$ _____	PST Exempt	Yes <input type="checkbox"/> No <input type="checkbox"/> Payment Factor _____
End Of Term	<input type="checkbox"/> \$10.00	Other	_____ % at _____ Month OR _____ (specify)

Other Information	

Financial Information (request > \$ 75,000.00): Customer must provide their last 2 Fiscal Year End Financial Statements and a recent Interim statement if financial statement is more than 6 months old. Personal Guarantors and Proprietors must provide a personal financial statement or personal tax returns with application.

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