BC CAPITAL

1-877-395-4321
www.bccapital.ca

Commercial Credit Application

COMPANY INFORMATION

FULL LEGAL NAME:	CORPORATION ☐ PROPRIETERSHIP ☐ PARTNERSHIP ☐	
OPERATING NAME:	NATURE OF BUSINESS:	
ADDRESS: STREET CITY PROVINCE POSTAL CODE	YEARS IN BUSINESS:	
PHONE:	E-MAIL:	

BANK INFORMATION

BANK:	BRANCH:	ACCOUNT NO:
PHONE NO:	CONTACT:	YEARS WITH BANK:

OWNER INFORMATION

FULL NAME:	DATE OF BIRTH: DD / MM / YYYY S.I.N. NO:	
ADDRESS:		YEARS AT ADDRESS:
RENT ☐ OWN ☐ VALUE (IF OWNED): $	AMOUNT OWING: $	INCOME: $
PHONE NO:	EMAIL:	

ADDITIONAL PRINCIPAL INFORMATION

FULL NAME:	DATE OF BIRTH: DD / MM / YYYY S.I.N. NO:	
ADDRESS:		YEARS AT ADDRESS:
RENT ☐ OWN ☐ VALUE (IF OWNED): $	AMOUNT OWING: $	INCOME: $
PHONE NO:	EMAIL:	

EQUIPMENT INFORMATION

YEAR:	MAKE:	MODEL:	COST:
NEW ☐ USED ☐	VENDOR:	CONTACT AND PHONE NO:	

CONSENT RESPECTING PERSONAL INFORMATION

You confirm that the information provided within this application is true and complete, and you authorize BC Capital to use this information in order to confirm your identity and evaluate your credit worthiness in relation to a financing contract with BC Capital and affiliates. You agree that BC Capital, our affiliates and any third parties acting on our behalf, may obtain a credit report or other credit information from any credit reporting agency or bureau, and may use, exchange and disclose this information for the purposes identified above. If your application is approved, you authorize us to use, exchange and disclose your personal information as required to administer your contract, determine your insurance eligibility, and secure the assets being financed, or as required by law.

_____   _____
SIGNATURE   SIGNATURE

_____ _____   _____ _____
NAME (PLEASE PRINT)   DATE   NAME (PLEASE PRINT)   DATE