



CORPORATE CREDIT APPLICATION



NL Account Manager
JOCELYN MACDONALD

Phone #
506-848-7607

PLEASE FAX THIS DIRECT TO:
506-849-6540

1. DETAILS OF TRANSACTION

Date	Equipment	
Vendor Atlantic Imports	Fax #	Sales Rep Jim Shillington
Invoice (before Taxes)	Term	Phone # 506-633-7564

Additional Information

2. COMPANY HISTORY

Full Legal Name	Can we contact the customer? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Operating Name	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated/Limited	
Physical Address **** Required if address is a RR or P.O.Box #	Contact	
Mailing Address	Phone #	
City	Province	Postal Code
Email Address		Type of Business
Yrs in Business		

**** Note: If in business less than 3 yrs under current name, or Sole Proprietorship, please complete below

Principals	Name	Social Insurance Number	Date of Birth		
			MM	DD	YY
1.					
2.					

3. MAJOR TRADE REFERENCES

Trade Name	Phone	Contact Name
Trade Name	Phone	Contact Name

I/We, the applicant, principal and/or guarantor, consent to:

- * the collection, use and disclosure of personal information for the purposes of credit adjudication by the lessor and its funders and to enable the Lessor and its assignees to provide leasing services and
- * the Lessor and its funders obtaining information from credit reporting agencies and listed references in connection with this application

Verbal Consent

**** NOTE for all applications requiring personal data, the appliact must sign this form, or if taken via telephone the above consent statement must be read to applicant and their verbal consent must be obtained

Signature of Applicant: _____

Date: _____