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FAX BACK TO 1-888-546-5152

TRANSACTION DETAILS		
Vendor:	Telephone:	
Contact:	Equipment Cost:	
Equipment Description:	Down Payment:	
	Term Requested:	24 36 48 60
	Equipment State:	New or Used
LESSEE INFORMATION		
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
Legal Business Name:		
Trade / Operating Name of Business:		YIB:
Contact:	Email:	
Tel:	Fax:	Cell:
Address:		City:
Province:	Postal Code:	Industry:
PRINCIPALS / SHAREHOLDERS INFORMATION		
Name as shown on driver's license:		
Address:		Telephone:
City:	Province:	Postal Code:
Date of Birth:	SIN #:	Previously Bankrupt: Yes / No
Home Owner: Yes / No	Value of Home:	
Mortgage Balance:	Monthly Payment:	
Name as shown on driver's license:		
Address:		Telephone:
City:	Province:	Postal Code:
Date of Birth:	SIN #:	Previously Bankrupt: Yes / No
Home Owner: Yes / No	Value of Home:	
Mortgage Balance:	Monthly Payment:	

I/We certify the information I/We have given you about myself and the business is accurate and complete. The undersigned consents to Jocova Financial Services Corporation its successors and assigns ("Jocova") the collection, use, and disclosure to its affiliates, credit bureaus, reporting agencies, financial institutions, and businesses with whom each of the undersigned has had financial relationships and other references proved in support of this application (and disclosure by these parties to Jocova), of the provided herein and credit and financial information obtained from the above sources for the purposes of obtaining and using a credit information report and verifying current and ongoing creditworthiness of each of the undersigned and other information provided in connection with this application. Jocova may disclose credit and financial information connected with this application to future creditors and lenders that request credit references. SIN's (if provided) and other personal identifiers will be used solely for matching of credit bureau/reporting agency information and/or verifying the identity of the undersigned. The undersigned consents to the collection, use, and disclosure of personal information by Jocova and the persons referred to in the related lease, finance, or rental agreement for the above purposes and the purposes described in the related lease, finance, or rental agreement.

 Signature of Applicant

Verbal Consent
 (Office Use Only) _____
 Signature of Co-Applicant (if applicable)

Verbal Consent
 (Office Use Only)

****** NOTE: For all applications requiring personal information, the applicant(s) must sign this form, or if taken via telephone, the above consent statement must be read and understood by the applicant(s) and their verbal consent obtained and date provided.**