

MINTAGE FINANCIAL CORPORATION

COMMERCIAL APPLICATION

APPLICANT'S NAME (FIRST,MIDDLE,LAST)		DATE OF BIRTH	SOCIAL INSURANCE NUMBER	TELEPHONE NUMBER
PHYSICAL ADDRESS		TOWN	PROVINCE	POSTAL CODE
MAILING ADDRESS IF DIFFERENT		SPOUSE'S FIRST NAME		CELL NUMBER
IF LESS THAN 3 YEARS, GIVE PREVIOUS ADDRESS		NAME AND ADDRESS OF RELATIVE NOT LIVING WITH		NO. OF DEPENDANTS
COMPANY FULL LEGAL NAME		TELEPHONE NUMBER		RELATIONSHIP
PRINCIPAL BUSINESS ADDRESS		TOWN	PROVINCE	FAX NUMBER
DESCRIPTION OF EQUIPMENT TO BE FINANCED			POSTAL CODE	
SUPPLIER				
TYPE OF BUSINESS	YRS IN BUS.	IF SUBCONTRACTOR, NAME AND ADDRESS OF PRIME CONTRACTOR		
		ESTIMATED GROSS MONTHLY INCOME	LENGTH OF CONTRACT	SLACK MONTHS ARE
ASSETS		STATEMENT AS OF		LIABILITIES
Cash	\$	Accounts Payable - Unsecured		
Receivables				
Stocks, Bonds, Certificates of Deposits etc.				
Notes and Accounts Receivable				
Machinery and Equipment		Owe on Machinery and Equipment		
_____ Autos		Owe on Autos and Trucks		
_____ Trucks				
Real Estate Owned		Owe on Real Estate		
Other Assets				
		Owe Bank Loans and LOC		
		Name _____ Secured by: _____		
TOTAL ASSETS		\$	TOTAL LIABILITIES	
EQUIPMENT	VALUE	BALANCE OWING	FINANCED WITH (NAME, ACCOUNT#, TELEPHONE)	\$
				WHEN PURCHASED
Business	(Name)	(Town And Province)		(Telephone)
Credit	(Name)	(Town And Province)		(Telephone)
References	(Name)	(Town And Province)		(Telephone)
BANK NAME AND ADDRESS				
BANK OFFICER		Account #(s)	Telephone Number	

I (We) affirm that the foregoing information is true and correct and given for the purpose of obtaining credit and understanding that if credit is extended, Mintage Financial Corporation will rely on such information to secure indebtedness. References are authorized to provide all credit information to you. You are authorized to investigate and obtain all reports concerning my credit history and to release information about your credit experience with me. IF I (WE) RESIDE IN MANITOBA, I (WE) HEREBY CONSENT TO A PERSONAL CREDIT INVESTIGATION. THIS CONSENT IS GIVEN UNDER THE PERSONAL INVESTIGATIONS ACT.

DATE: _____ SIGNED: _____ SIGNED: _____