
CRAFT FINANCING SOLUTIONS LTD.

Office: 1000 Cathedral Place, 925 West Georgia St.

Vancouver, BC V7W 2H9

Email: applications@craftfinancial.ca Telephone: 1-250-589-7038 ext. 100

CREDIT APPLICATION

PLEASE EMAIL SIGNED COPY TO: applications@craftfinancial.ca

LESSEE'S INFORMATION

Legal Name of Lessee: _____ Trade name: _____

Business Address: _____

City: _____ State / Province: _____ Zip / Postal Code: _____

Telephone: _____ Email: _____ Contact: _____

Year Business Started: _____ Nature of Business: _____

Type of Entity (e.g., proprietorship, partnership, corporation, etc): _____

Bank Name / Address / Account: _____

Provide the following applicable documents:

2 Year Financial Statements	12-Month Financial Forecast
Current Business Plan	3 Months Bank Statements

General Description of Project: _____

EQUIPMENT SUPPLIER'S INFORMATION

Supplier # 1: _____ Contact Name(s): _____

Telephone: _____ Contact Email(s): _____

Amount: _____ Expected Delivery Date: _____

Equipment List: _____

Supplier # 2: _____ Contact Name(s): _____

Telephone: _____ Contact Email(s): _____

Amount: _____ Expected Delivery Date: _____

Equipment List: _____

Supplier # 3: _____ Contact Name(s): _____

Telephone: _____ Contact Email(s): _____

Amount: _____ Expected Delivery Date: _____

Equipment List: _____

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PERSONAL INFORMATION OF PRINCIPAL (IF SOLE PROPRIETOR OR GREATER THAN 10% EQUITY OWNER)

First Name: _____ Last Name: _____

Home Address: _____ Years at Address: _____

City: _____ Province: _____ ZIP / Postal Code: _____

Date of Birth: _____ SIN / SSN: _____ Equity Ownership % / # Years Owned: _____

Bank Name / Account / Address: _____

The applicants acknowledge that all information is both accurate and truthful. By signing below, I hereby authorize Craft Financing Solutions Ltd. and all its financial partners to verify both the accuracy and legitimacy of the information provided. I hereby authorize Craft Financing Solutions Ltd. and its financial partners to disclose to and verify my personal information with credit bureaus, government registries, reporting agencies, financial institutions, other lenders, and suppliers. I authorize and consent to the use, collection and/or disclosure of information for the following purposes: (i) identification of the Lessee and Principal; (ii) evaluating the Credit Application and eligibility for credit; (iii) completing the purchase, finance or lease transaction; (iv) contract management and administration; (v) collections, lien registrations and insurance purposes; (vi) protecting us both from fraud and error; and (x) legal and regulatory requirements. The Lessee and each Principal waive any right under applicable privacy legislation to receive notice of a business transaction wherein such Information was used or disclosed

X _____

Signature of Applicant

Date

* Attach information for each additional principal, if applicable.

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