



CREDIT APPLICATION

Company Information

PLEASE PRINT

Legal Registered Name: _____ Phone Number _____

Operating Name: _____ Corporate Number _____

Legal Registered Address Street _____ Unit: _____

City _____ Province _____ Postal Code _____

Personal Information

Owner / Director

Date of Birth _____

*Must be completed by authorized signatory for above business.

First Name: _____ Last Name: _____

Cell Phone Number: _____ Email: _____

Residential Address _____ City _____

Province _____ Postal Code: _____ Driver's License Number: _____

CONSENT TO COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION AND ACCURACY

The undersigned certifies the above information to be true and correct. By Signing below, I consent and authorized the Lessor and its representatives and affiliates (GRENK AG and GRENKE Finance Plc) to obtain, verify, use, communicate with, receive from, and disclose to third parties relevant to credit analysis and lease administration (including, but not limited to, credit reporting agencies, credit exchanges, leasing brokers and credit grantors) any of my credit, financial and personal information that Lessor deems necessary for the purpose of considering, completing, administering, servicing or enforcing any lease, ancillary deed or transaction, including, but not limited to, assignments and securitizations. I understand and consent to this application being held on file by the Lessor for the above purposes, as well as for statistical analysis, until twelve months from the end of the leasing relationship or, if no relationship, then for a period of twelve months from decline, after which the Lessor, in keeping with its privacy policy, will destroy this document subject to any overriding legal or document retention requirements. If I wish a copy of the official privacy policy, I may request same from the Lessor.

SIGNATURE **X** _____ **Date** _____

**Please include a clear copy or picture of your valid Driver's License along with this form
(valid Passport, Permanent Resident Card also accepted)**

Supplier/ Asset Information:

Business Name of Dealer/Supplier: _____ e-mail _____

Representative: _____ Phone Number _____

Equipment Description: _____ Value: _____

GC Leasing Ontario Inc. • GRENKE Franchise • Toronto

 5600 Explorer Drive, Suite 302
Mississauga, Ontario
L4W 4Y2

 Phone: +1 905 366 6000
Fax: +1 905 366 6009
Email: service.toronto@grenke.ca
Internet: www.grenke.ca

 Director: Stefan Zeeh
Ontario Corporation Number: 2368955
Business No: 81591 4247 RT0001