

# Darmani Wholesale Leasing

1-866-665-6677 / Fax: 306-377-4430

leasing@darmani.ca

**"Offering the Best Bins at the Lowest Prices with the Best Lease Rates"**

*Personal Net Worth and/or Financial Statements will be required for applications greater than \$50,000.00*

Date: \_\_\_\_\_

## APPLICANT INFORMATION:

First / Middle / Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Entity Type:  Corporation  Partnership  Proprietorship  Other Years in Business: \_\_\_\_\_

Corporate / Partnership Name: \_\_\_\_\_ Gross Yearly Revenue: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Acres Owned: \_\_\_\_\_ Rented: \_\_\_\_\_ Coordinates: \_\_\_\_\_

Livestock Owned: \_\_\_\_\_ Type: \_\_\_\_\_ Crop Insurance:  Yes  No Agristability:  Yes  No

## OTHER / EMPLOYMENT INCOME (if applicable):

Employer: \_\_\_\_\_ Years in Industry: \_\_\_\_\_

Occupation / Industry: \_\_\_\_\_ Salary / Annual Income: \_\_\_\_\_

## EQUIPMENT LEASE DETAILS:

Supplier: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email / Other: \_\_\_\_\_

Description: Make / Model / Year \_\_\_\_\_  New  Used

Equipment Value: \$ \_\_\_\_\_ Payment Frequency:  Monthly  Quarterly  Semi-annual  Annual

Term: \_\_\_\_\_ Residual: \$ \_\_\_\_\_ Other Details (hours, kms, etc.): \_\_\_\_\_

## FINANCIAL REFERENCE:

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ How Long: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone and/or Email: \_\_\_\_\_

By signing below, I consent to the obtaining, from any credit reporting agency grantor, such information as Calidon Equipment Leasing may require at any time in connection with the credit hereby applied for and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or to any credit grantor with whom the undersigned has financial relations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_