

Commercial Credit Application
Trackem Sales

(FAX) (888)524-1110 (TEL) (866)868-7225

DEALER:	FAX:	
SALES REP:	Email:	TEL:

1. LESSEE (CUSTOMER) INFORMATION

Contact yes no Existing Lessee yes no

Legal Name _____

Street Address _____ Proprietorship: _____ Ltd / Inc.: _____ Partnership: _____

City _____ Province _____ Postal Code _____

Phone: () _____ Fax: () _____ Contact _____ Email _____

Nature of Business _____

_____ Yrs in Business (if less than 3 yrs or not incorporated, please complete section #5 Below)

2. BANK REFERENCE

Bank Name _____ Contact _____ Phone# _____

Account # _____ Previous Bank (if less than 1yr) _____

3. TRADE REFERENCE

Name & Address _____ Contact _____ Phone# _____

Name & Address _____ Contact _____ Phone# _____

4. DETAILS of TRANSACTION

<u>Modems</u>	<u>Quantity</u>
Airlink PinPoint EVDO Rev-A (NMODEMPINPOINTXDC) 2+ Units: \$39.95/mo/user, 1 Unit: \$44.95/mo/user	_____

5. PRINCIPALS/SHAREHOLDERS INFORMATION

Full Name (First-Middle-Last) _____

Personal Address _____

Home Telephone () _____ % of Ownership _____

Social Insurance Number _____ Date of Birth _____

- I/WE, the applicant, principal and/or guarantor, consent to:
- the collection, use and disclosure of personal information for the purposes of credit adjudication by the Lessor and its funders and to enable the Lessor and its assignees to provide leasing services; and
 - the Lessor and its funders obtaining information from credit reporting agencies and listed references in connection with this application.

Signature: _____ **Date:** _____