



**Halton Autolease Inc.**

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# Corporate Vehicle Lease Credit Application

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

(PLEASE PRINT)

<b>GENERAL</b>	Company Name				Date of Incorporation	Telephone Number
	Address				Type of Business	
	City	Province	Postal Code	Head Office <input type="checkbox"/> Yes <input type="checkbox"/> No	RIN Number ( )	
	Fax #	Email Address:			Head Office Name	
	Authorized Signing Officer				Head Office Address	
	Name Principal Officers	Position	Address in Full (Res)			Telephone Number ( )
						( )

<b>REFERENCE</b>	Bank Name		Contact Name	Account Number	
	Bank Address in Full			Telephone Number ( )	
	Bank Name		Contact Name	Account Number	
	Bank Address in Full			Telephone Number ( )	
	Major Trade Creditors / Credit Cards	Dealing Since	Telephone Number	Maximum Credit	Contact Name

Financial Statement  
 For Year Ending: \_\_\_\_\_  Attached  Not Available  Being Forwarded

Number of Units in Fleet	Present Lease Source - Name
Total Amount of Credit Required \$ /month	Address

LESSEE CONSENTS TO A CREDIT INVESTIGATION AND TO EXCHANGE OF CREDIT INFORMATION (SIGNATURE OF LESSEE)

\_\_\_\_\_ DATE \_\_\_\_\_