



Agro Capital

Tel (855) 444-5498
Web www.agrocapital.ca
Email info@agrocapital.ca

Please email completed form to info@agrocapital.ca

LEASE APPLICATION

EQUIPMENT INFO

Equipment: _____

Supplier: _____ Phone No.: _____ Sales Rep: _____

Cost: _____ Term: _____ Payment: _____

Additional Information: _____

COMPANY INFO

Full Legal Name: _____ Phone Number: _____

Operating Name: _____ Contact: _____

Email : _____ Years In Business: _____

Type of Business: _____ Number of Employees: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

SHAREHOLDER INFO

Name: _____ Social Insurance No.: _____ Date of Birth: ____ / ____ / ____
MM DD YYYY

Home Address: _____ Cell Phone: _____

Home Phone: _____ Own: Rent: How Long?: ____ Market Value: _____ Mortgage Balance: _____

Name: _____ Social Insurance No.: _____ Date of Birth: ____ / ____ / ____
MM DD YYYY

Home Address: _____ Cell Phone: _____

Home Phone: _____ Own: Rent: How Long?: ____ Market Value: _____ Mortgage Balance: _____

BANKING INFO

Bank: _____ Branch: _____ How Long?: _____

Contact: _____ Phone No.: _____ Account No.: _____

I/We hereby certify that all information given in this application and any attachments hereto, is true and correct, and are made for the purposes of obtaining credit. By signing below, I/We consent to Agro Capital Leasing or its assigns, obtaining from any credit reporting agency or credit grantor, such information as it 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 of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____