

To: Ford Credit Canada Limited / Ford Credit Canada Leasing*
 Canadian Road Leasing Company**

BUSINESS CREDIT APPLICATION

Dealership Name: _____ RETAIL LEASE OTHER

FOR INCORPORATED BUSINESSES ONLY (MUST HAVE CERTIFICATE OF INCORPORATION)
[Individuals, Personal Guarantors of the Business, Proprietorships and Partnerships must complete Application Statement, Form 27141]

| | | |
|--|---|--------------------------------------|
| Incorporated Businesses must submit two year-end financial statements and most current balance sheet and profit / loss on business or current tax return. <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit Organization | Type of Financial Statement: <input type="checkbox"/> Audited <input type="checkbox"/> Unaudited <input type="checkbox"/> Review Engagement | Accountant Name Phone No. () |
| | Fiscal Year-End: _____ | |

Legal Name _____ GST / HST Registration Number _____

Other Name(s) under which applicant's credit / trade references or history can be found: _____

| | | | |
|-----------------|-------------|----------------|-------------|
| Present Address | City | Province | Postal Code |
| Phone No. () | Fax No. () | E-mail Address | |

Type of Business (Be specific): _____

| | | | | | | |
|-------------------|---------------------|------------------------|--------------------|--------------------|-----------------|----------------------|
| Years in Business | Number of Employees | Prov. of Incorporation | Incorporation Date | Annual Revenues \$ | Total Assets \$ | Total Liabilities \$ |
|-------------------|---------------------|------------------------|--------------------|--------------------|-----------------|----------------------|

OWNERSHIP (Use additional sheet if necessary)

| | | | |
|----------------|----------------|----------|--|
| Name of Owner | % of Ownership | Title | <input type="checkbox"/> Active in business <input type="checkbox"/> Inactive in business |
| Street Address | City | Province | Postal Code |
| Name of Owner | % of Ownership | Title | <input type="checkbox"/> Active in business <input type="checkbox"/> Inactive in business |
| Street Address | City | Province | Postal Code |
| Name of Owner | % of Ownership | Title | <input type="checkbox"/> Active in business <input type="checkbox"/> Inactive in business |
| Street Address | City | Province | Postal Code |

VEHICLE INFORMATION: Intended Use of Vehicle(s): _____
 Number of veh. in Fleet: _____ Type of vehicle(s): _____ Annual average Km per vehicle: _____ Ford Fleet Code: _____

BANK / CREDIT UNION INFORMATION

| | | |
|----------|-----------------------------|---------------------|
| Name: | Address: | Total Obligation(s) |
| Contact: | Phone No.: () Account No.: | \$ |
| Name: | Address: | Total Obligation(s) |
| Contact: | Phone No.: () Account No.: | \$ |

FINANCING SOURCES (List Two Bank and Vehicle / Equipment Financing / Leasing Sources):

| | | |
|----------|-----------------------------|---------------------|
| Name: | Address: | Total Obligation(s) |
| Contact: | Phone No.: () Account No.: | \$ |
| Name: | Address: | Total Obligation(s) |
| Contact: | Phone No.: () Account No.: | \$ |

TRADE REFERENCES (Provide Three Major Trade References with which your business has been transacting over the past 5 years)

| | |
|----------|--------------------------------------|
| Name: | Address: |
| Contact: | Phone No.: () Type of transactions: |
| Name: | Address: |
| Contact: | Phone No.: () Type of transactions: |
| Name: | Address: |
| Contact: | Phone No.: () Type of transactions: |

For the purpose of securing credit from you, I make the above representations. I am duly authorized to sign on behalf of the Corporation and certify that the above information is true and correct. I consent to a credit investigation and to the exchange of credit information.

Authorized Signature: _____ Title: _____ Date: _____