

CUSTOMER NAME (Important to list exact legal name of entity)

Company _____ Parent _____ Business Number (BN)# _____

Legal/HQ Address _____ City _____ County _____ Province _____ Postal Code _____

Phone Number _____ Contact Person _____ Title _____ e-mail Address _____

Years in Business: _____ License #: _____ Industry (service/product): _____ **Business Type:**
 Jurisdiction of Incorporation _____ Corporation Federal Government
 Date of Incorporation: _____ Dun & Bradstreet #: _____ General Partnership Private Practice
 Limited Partnership Clinic
 Proprietorship Hospital
 Provincial Government Non-Profit

SUPPLIER, EQUIPMENT INFORMATION AND COST

Name _____ City _____ Province _____ Equipment \$ _____

Sales Representative Name _____ Phone Number _____ Email _____ PROV / HST \$ _____

Equipment Description (attach separate list for detail) _____ Equipment Location _____ GST \$ _____

Total Cost \$ _____

Term in Months	Number of Payments	Payments are Due	Payment + Tax	Requested Structure
		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	\$ _____	<input type="checkbox"/> Lease <input type="checkbox"/> Loan
		<input type="checkbox"/> Other:		<input type="checkbox"/> Residual :

PERSONAL INFORMATION ON OFFICERS, SHAREHOLDERS, PARTNERS OR GUARANTORS

Name _____ Title _____ Social Insurance # _____ Ownership % _____

Address (Home if individual) _____ City _____ Province _____ Postal Code _____

Phone Number _____ Fax Number _____ E-mail Address _____

Name _____ Title _____ Social Insurance # _____ Ownership % _____

Address (Home if individual) _____ City _____ Province _____ Postal /Code _____

Phone Number _____ Fax Number _____ E-mail Address _____

BANK REFERENCES

Name _____ How Long _____ Account Number _____ Phone Number _____ Contact Name _____

Name _____ How Long _____ Account Number _____ Phone Number _____ Contact Name _____

LEASE AND TERM LOAN REFERENCES Current SFL Customer

Name _____ How Long _____ Account Number _____ Phone Number _____ Contact Name _____

Name _____ How Long _____ Account Number _____ Phone Number _____ Contact Name _____

CREDIT INVESTIGATION: By executing this profile in the space provided below, you hereby consent and authorize us to request the release of any information concerning your personal and/or business credit standing, including inquiries with financial institutions or other persons in a business relationship with you, and to furnish us with a copy of interim financial statements and other related information requested by us. You specifically authorize us to obtain, and authorize to be supplied to us, any commercial credit reports and/or consumer credit reports that may be requested by us from any commercial or consumer credit reporting agency. You agree that we may transfer any such information obtained to a potential assignee. In the event that we agree to approve a financial transaction with you, you agree that we shall be permitted to conduct sanction party screening of your shareholders, partners, directors and/or officers, which involves ensuring that no person or entity holding a direct or indirect ownership or controlling interest in your organization is named on a "Sanctions List" published by the Office of Foreign Assets Control ("OFAC") of the U.S. Department of the Treasury, including without limitation, any similar list published by the Government of Canada, United Nations Security Council, the European Union, Her Majesty's Treasury or other relevant sanctions authority. Directors or officers of your organization may contact us to address any questions they may have in connection with the sanction screening process.

X _____ X _____ X _____
Signature **Signature** **Signature**

Printed Name _____ Date _____ Printed Name _____ Date _____ Printed Name _____ Date _____

YOUR CREDIT APPLICATION AND ANY FINANCING TRANSACTION ARE SUBJECT TO APPROVAL AND ACCEPTANCE BY SIEMENS FINANCIAL LTD.