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## Credit and or Lease Application

The boxes marked with an (X) are required to be filled out only if this purchase is to be leased.

Date
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Company Information										
Full Legal Name										
Address										
City				Province			Postal Code			
Contact Name/Title				Tel. No.			Fax No.			
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other		Business Premises <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent		How Long <input checked="" type="checkbox"/>		Years in Business <input checked="" type="checkbox"/>		Number of Employees <input checked="" type="checkbox"/>		Fiscal Year Ends on <input checked="" type="checkbox"/>
Principal's Information										
Name					Name					
Residential Address			<input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent		Residential Address			<input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent		
City		Prov.	Tel No.		City		Prov.	Tel No.		
<input checked="" type="checkbox"/> Date of Birth			<input checked="" type="checkbox"/> S.I.N.		<input checked="" type="checkbox"/> Date of Birth			<input checked="" type="checkbox"/> S.I.N.		
Financial Information										
Name of Bank/Branch Address				How Long?	Account No.					
Account Manager				Tel. No.						
				Fax No.						
<input checked="" type="checkbox"/> Lease Term in Months					Total Being Purchased or Leased \$					
Trade References										
Business Name					Address					
Contact Name					Tel. No.					
Business Name					Address					
Contact Name					Tel. No.					
Business Name					Address					
Contact Name					Tel. No.					

The undersigned certifies the above information to be true and furthermore authorizes the Vendor or Lessor to conduct a corporate and/or personal credit investigation.

**SIGNATURE:** \_\_\_\_\_