



# Polaris Leasing Ltd.

## CAMP/RESORT LEASE APPLICATION

Toll Free Phone: 1-800-661-5327  
Toll Free Fax: 1-800-561-5327  
Website: www.polarisleasing.com

### APPLICANT INFORMATION:

Company's Operating/Legal Name: \_\_\_\_\_

Principal's Full Legal Name(s): \_\_\_\_\_

Legal Structure: Incorporated  Partnership  Proprietorship

Camp/ Lodge Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_ Cell No.: (\_\_\_\_) \_\_\_\_\_

Website: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Winter Address: \_\_\_\_\_ City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Winter Phone No.: (\_\_\_\_) \_\_\_\_\_ Winter Fax No.: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.I.N./S.S.N.: \_\_\_\_\_ Gross Annual Income: \$ \_\_\_\_\_

Years in Business Under Present Ownership: \_\_\_\_\_ Premises Owned or Leased: \_\_\_\_\_

### TRADE REFERENCES (Local Fuel Supplier, Local Feed/Fertilizer Supplier, Local Grain Elevator, Banks and Local Co-op)

Name: \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

### DEALER INFORMATION

Supplier Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Supplier Rep: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

### EQUIPMENT DESCRIPTION: (Year, Make, Model, Serial No.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lease Cost: \$ \_\_\_\_\_ (before taxes) Lease Term: 24 36 48 60 <<Circle choice>> Payments: Monthly Seasonal

The undersigned certifies the above information to be true and correct. BY SIGNING BELOW, I/WE CONSENT TO THE OBTAINING FROM ANY CREDIT REPORTING AGENCY OR CREDIT GRANTOR, SUCH INFORMATION AS POLARIS LEASING 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 Principal (s): **X** \_\_\_\_\_ Date: \_\_\_\_\_