



Polaris Leasing Ltd.
CAMP / RESORT LEASE APPLICATION

Phone 1-204-233-4422
 Fax 1-204-231-0136
 Toll Free 1-800-661-5327
 Fax 1-800-561-5327
 Website: www.polarisleasing.com

COMPANY:

Camp / Resort Name: _____

Full Legal Name of Company: _____

Legal Structure: Incorporated () Partnership () Proprietorship () Number of Employees: _____ Max Number of Guests: _____

Mailing Address for Camp / Resort: _____

Location of Lodge (including Lot Number): _____

Phone No.: () _____ Fax No.: () _____ PST #: _____

Email Address: _____ Website: _____

Winter Mailing Address for Camp / Resort: _____

Winter Phone No.: () _____ Winter Fax No.: () _____

Years in Business: _____ Years in Business Under Present Ownership: _____ Premises Owned or Leased: _____

Mortgage held with: _____ Phone No.: () _____ Contact Name: _____

Location of Equipment (if different than above): _____

FINANCIAL:

Bank: _____ Branch: _____ Phone No.: () _____

How Long: _____ Account #: _____ Contact Name: _____

OWNER / PRINCIPAL(S):

Full Name: _____ Home Address: _____

City/Province: _____ Postal Code: _____ Home Phone No.: () _____

Please indicate: Rent () Own () How Long: _____ Gross Monthly Income \$ _____

Date of Birth (mm/dd/yy): _____ Social Insurance Number(optional): _____

OWNER / PRINCIPAL(S):

Full Name: _____ Home Address: _____

City/Province: _____ Postal Code: _____ Home Phone No.: () _____

Please indicate: Rent () Own () How Long: _____ Gross Monthly Income \$ _____

Date of Birth (mm/dd/yy) : _____ Social Insurance Number(optional): _____

TRADE REFERENCES:

Name: _____ Contact: _____

Recent High Credit Extended:\$ _____ Phone No.:() _____ Fax No.:() _____

Name: _____ Contact: _____

Recent High Credit Extended:\$ _____ Phone No.:() _____ Fax No.:() _____

Name: _____ Contact: _____

Recent High Credit Extended:\$ _____ Phone No.:() _____ Fax No.:() _____

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:** _____

EQUIPMENT 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) **TERM:** _____

INSURANCE BROKER NAME: _____ **PHONE NO:** _____ **CONTACT:** _____