



**RMS Financial Solutions**  
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 w: rmsfinance.ca

## COMMERCIAL CREDIT APPLICATION

PLEASE COMPLETE THIS FORM IN FULL AND EMAIL TO [SALES@RMSFINANCE.CA](mailto:SALES@RMSFINANCE.CA) OR FAX TO (888) 788-6047

VENDOR INFORMATION & TRANSACTION DETAILS			
Vendor:		Contact Name:	
Tel:	Fax:	Email:	
Equipment Description:		Equipment is: <input type="checkbox"/> New <input type="checkbox"/> Used - If used, how old:	
Equipment Cost (net tax):	Term Requested (months):	Quote Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

BUSINESS INFORMATION			
Type of Business (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Sole-Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Organization			
Full Legal Name:		Operating Name:	
Mailing Address:		City:	Province:
			Postal Code:
Contact:	Tel:	Fax:	Email:
Website:		Yrs in Business:	# of Employees:
Estimated: Annual Sales (\$):		Estimated Annual Profits (\$):	
Install Address/Location (if different from above):			

The following information is required for incorporated applicants in business for fewer than 2 years (or have less than 5 employees) and for all proprietorships regardless of years in business, and is requested for the sole and exclusive purpose of obtaining a credit check. By signing below, the Principal(s) consent to the obtaining, verification and disclosure by SNAP Commercial Finance of credit and personal information for the purposes of the extension of credit from any credit bureau or credit agency.

PRINCIPAL INFORMATION #1			
First Name (as written on drivers license):		Last Name (as written on driver's license):	
Busines Title:	Date of Birth:	SIN:	
Home Address:		City:	Province:
			Postal Code:
Home Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Mortgage Payment:	Value of Home:	Mortgage Balance:

PRINCIPAL INFORMATION #2			
First Name (as written on drivers license):		Last Name (as written on driver's license):	
Busines Title:	Date of Birth:	SIN:	
Home Address:		City:	Province:
			Postal Code:
Home Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Mortgage Payment:	Value of Home:	Mortgage Balance:

**IMPORTANT INFORMATION ABOUT ESTABLISHING A RELATIONSHIP WITH 2563965 Ontario Inc. DBA RMS Financial Solutions**

The information given is true and complete. RMS Financial Solutions and its subsidiaries and affiliates (collectively "RMS") may receive from and disclose to other persons, including credit reporting agencies, information about the Applicant's accounts and credit experience and the Applicant authorizes any person to release to RMS credit experience and account information on the Applicant. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on the Applicant made by RMS, or any person requested to release such information to RMS. A credit report and other due diligence bearing on the Applicant's credit worthiness, credit standing, credit capacity, character and general reputation, may be requested or carried out in connection with this application.

_____ / _____ Principal #1 Signature                          Date	_____ / _____ Principal #2 Signature                        Date
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