

		Chris Waite	
Vendor	Term	Amount \$	Code
Contact	Equipment		NEW X USED
Phone ( )	Fax ( )	Email	
<b>CORPORATE INFORMATION</b>			
Business Legal Name		Operating As (Trade Name)	
Address		Phone ( )	
City	Province	Postal Code	Fax ( )
Type of Business	Contact	Email	
Business Start Date	Structure <input type="checkbox"/> Incorp. <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		
<b>BUSINESS BANK</b>		Branch Address	
Contact	Phone ( )	Fax ( )	
<b>OWNERSHIP</b>			
Name	Title	Home Phone ( )	
Address			
City	Province	Postal Code	
Interest in Business (%)	Social Insurance Number	Date of Birth	
Name	Title	Home Phone ( )	
Address			
City	Province	Postal Code	
Interest in Business (%)	Social Insurance Number	Date of Birth	
<p>YOU CONFIRM THAT THE INFORMATION YOU HAVE GIVEN US IN RESPECT OF THIS APPLICATION IS ACCURATE AND COMPLETE, AND YOU AUTHORIZE CATALYST FINANCE TO USE THE INFORMATION IN ORDER TO CONFIRM YOUR IDENTITY AND EVALUATE YOUR CREDIT WORTHINESS, IN RELATION TO THE FINANCING AGREEMENT BEING ENTERED INTO. IN PARTICULAR, YOU AGREE THAT WE, OUR AFFILIATES AND ANY THIRD PARTIES ACTING FOR US OR ON OUR BEHALF (HEREINAFTER COLLECTIVELY "US", "WE" OR "OUR"), MAY OBTAIN A CREDIT REPORT OR OTHER CREDIT INFORMATION FROM ANY CREDIT REPORTING AGENCY, CREDIT BUREAU OR CREDIT GRANTOR, AND MAY HOLD, USE, EXCHANGE AND DISCLOSE SUCH INFORMATION FOR THE PURPOSES IDENTIFIED ABOVE.</p> <p>IF YOUR APPLICATION IS APPROVED, YOU AUTHORIZE US TO COLLECT, HOLD, USE, EXCHANGE AND DISCLOSE YOUR PERSONAL INFORMATION, AS REQUIRED, IN ORDER TO ADMINISTER YOUR CONTRACT, DETERMINE YOUR INSURANCE ELIGIBILITY, AND SECURE THE ASSETS BEING FINANCED, OR AS REQUIRED OR PERMITTED BY LAW.</p>			
Authorized Signature	Name (Please Print)	Title	Date
Authorized Signature	Name (Please Print)	Title	Date