

Pls. fax to MOC Credit at:

CUSTOMER INFORMATION

Customer's Full Legal Name – Include Trade Name			Email Address	
			Contact Name & Title	
Customer's Address (Head Office)				
Telephone Number	Fax Number	Cell Number	Type of Business / SIC	Years in Business

PROPOSED TRANSACTION DETAILS

Vendor Name		Contact Name & Title		Telephone Number	Fax Number	
General Equipment Description:				For Office Use Only:		
				Invoice Cost:		
				Less Trade-In:		
Plus B/O or T/U:						
Equipment <input type="checkbox"/> NEW	Equipment Cost	Term to P/O – EOL 	Regular Rental	Down Payment	Residual	
				Trade-up or Buyout #		

PRINCIPAL SHAREHOLDERS INFORMATION

(1) Last Name / First Name / MI			S. I. N. (Optional)		Date of Birth (mm/dd/yyyy)
(1) Home Address			Telephone Number		Mobile Number
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	Other-Please Specify	Monthly Income	Comments
(2) Last Name / First Name / MI			S. I. N. (Optional)		Date of Birth (mm/dd/yyyy)
(2) Home Address			Telephone Number		Mobile Number
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	Other-Please Specify	Monthly Income	Comments

PRIVACY: WE THE UNDERSIGNED HEREBY AUTHORIZE **MERIDIAN ONECAP CREDIT CORP.**, INCLUDING ANY PROPOSED ASSIGNEE (HEREINAFTER REFERRED TO AS **"YOU"**, AND **YOUR"**) OF ANY FINANCING TRANSACTION BETWEEN US AND YOU IN CONNECTION WITH THIS CREDIT APPLICATION, TO COLLECT, USE, AND DISCLOSE CERTAIN PERSONAL AND BUSINESS INFORMATION FROM AND ABOUT US ("**INFORMATION**"). YOU MAY COLLECT INFORMATION FROM AND/OR DISCLOSE INFORMATION TO YOUR AGENTS, AFFILIATES, THIRD PARTY SERVICE PROVIDERS, CREDIT BUREAUS, CREDIT REPORTING AGENCIES, OTHER CREDIT GRANTORS, FINANCING PARTNERS, AND/OR ANY PERSON WE HAVE OR PROPOSE TO HAVE FINANCIAL RELATIONS WITH AS WELL AS THIRD PARTIES WHO WISH TO BECOME INVOLVED IN THE SYNDICATION OF A LOAN, LEASE, OR OTHER INVESTMENT IN WHICH INFORMATION IS RELEVANT, OR WHO ARE INVOLVED IN RISK ASSESSMENT OR DUE DILIGENCE IN THE CONTEXT OF A FINANCIAL TRANSACTION OR PROPOSED FINANCIAL TRANSACTION. WE ALSO AUTHORIZE ANY PERSON WHOM YOU MAY CONTACT IN THIS REGARD TO PROVIDE INFORMATION TO YOU. WE ACKNOWLEDGE THAT YOU OR YOUR FINANCING PARTNERS MAY TRANSFER AND STORE INFORMATION TO JURISDICTIONS WHERE YOU OR YOUR FINANCING PARTNERS DO BUSINESS. AS A RESULT, INFORMATION MAY BE ACCESSIBLE TO REGULATORY AUTHORITIES IN ACCORDANCE WITH THE LAWS OF THESE JURISDICTIONS. YOU MAY COLLECT, USE, AND DISCLOSE OUR SOCIAL INSURANCE NUMBERS OR OTHER PERSONAL IDENTIFIERS TO VERIFY AND REPORT CREDIT INFORMATION TO CREDIT BUREAUS OR CREDIT REPORTING AGENCIES AS WELL AS TO CONFIRM OUR IDENTITIES. YOU MAY OBTAIN CREDIT REPORTS FROM EQUIFAX CANADA INC., BOX 190 STATION JEAN TALON, MONTREAL, QUEBEC H1S 2Z2, WITH TELEPHONE 1-800-465-7166. YOU MAY GIVE INFORMATION ABOUT US TO YOUR FINANCING PARTNERS SO THAT THEY MAY TELL US DIRECTLY ABOUT THEIR PRODUCTS AND SERVICES. WE UNDERSTAND THAT OUR CONSENT TO THIS IS NOT A CONDITION OF DOING BUSINESS WITH YOU AND WE MAY WITHDRAW IT AT ANY TIME. BY CHOOSING TO PROVIDE YOU WITH INFORMATION, WE ARE CONSENTING TO ITS USE IN ACCORDANCE WITH **PIPEDA**, THE PERSONAL INFORMATION PROTECTION AND ELECTRONIC DOCUMENTS ACT AT [HTTPS://WWW.PRIV.GC.CA/EN/PRIVACY-TOPICS/PRIVACY-LAWS-IN-CANADA/THE-PERSONAL-INFORMATION-PROTECTION-AND-ELECTRONIC-DOCUMENTS-ACT-PIPEDA/](https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/) OR APPLICABLE PROVINCIAL LAW OR ACT.

Signature (1)	Signature (2)
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