



"Where ideas, people & capital meet"

Business Credit Application

Vendor	VENDOR NAME:		PURCHASE PRICE \$	DOWN PAYMENT \$
	SALES REP	EQUIPMENT DESCRIPTION	EQUIPMENT USE: <input type="checkbox"/> Business <input type="checkbox"/> Both <input type="checkbox"/> Personal	
	TELEPHONE ()	Term		
	Fax ()	PREFERRED PAYMENT (Monthly)		
Company Information	FULL COMPANY NAME			
	ADDRESS:			TELEPHONE ()
	CITY:	PROVINCE:	POSTAL CODE:	FAX ()
	TYPE OF BUSINESS:	BUSINESS START DATE: (MM/DD/YYYY)	NO. OF EMPLOYEES <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> INCORPORATED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP
Financial Summary	TOTAL REVENUE/ SALES: \$		TOTAL ASSETS: \$	
	INCOME BEFORE TAXES: \$		TOTAL DEBT: \$	
	NET INCOME AFTER TAXES: \$		TOTAL SHAREHOLDERS EQUITY: \$	
Bank References	BANK NAME:	ACCOUNT NO(s): \$	CONTACT:	
	ADDRESS		TELEPHONE: ()	
Trade References	1.	ADDRESS:	TEL:	
	2.	ADDRESS:	TEL:	
	3.	ADDRESS:	TEL:	
Owner/ Shareholder Information	PRINCIPALS, OWNERS, SHAREHOLDERS: NAME:	ADDRESS:	TEL:	
	NAME:	ADDRESS:	TEL:	
	NAME:	ADDRESS:	TEL:	
Authorization	<p>The undersigned certifies the above information to be true and complete. By signing below, I/we authorize e-Capital Networks Group Inc. (hereafter, known as NetFinance.ca) and its representatives, at any time to obtain on an on-going basis, verify, use, communicate with and disclose to third parties (including credit reporting agencies and credit grantors, on an on-going basis) any of my credit, financial, and personal information that NetFinance.ca deems necessary to determine our credit worthiness and consent to the disclosure at any time information concerning the undersigned to any credit grantor with whom the undersigned or NetFinance.ca has any financial relations or credit grantors as it may require to approve the credit hereby applied for. You also authorize NetFinance.ca to use your personal information for internal statistical analysis purposes. I acknowledge that if I have questions regarding this information, I may contact M. Eikeland at the offices of NetFinance.ca.</p> <p>PLEASE SIGN BELOW</p> <p>X _____ DATE _____ (Applicant)</p> <p>X _____ DATE _____ (Co-Applicant if applicable)</p>			
2/25/04				

PLEASE FAX TO 1-866-706-6984