



* required information

PPLICATION	info@transferpapercanada.co
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SUPPLIER & TRANSACTION DETAILS								
Date :	ate: Supplier:							
Phone Number : Fax Number :				Sales Representative Name :				
* Equipment Description (Year, Make, Model etc):								
* Equipment condition :	☐ Used Yea	r: *C			st:			
* Term : * Payment Frequency :				Trade-In:				
CUSTOMER DETAILS								
* Legal Name of Company (if applicable) :								
Ltd./Inc. Incorporation Date: Partnership		section below if Partnership)	☐ Proprietorship		In Business Under Current Ownership Since : (Please complete section below if less than 2 years) section below if Proprietorship)			
				De of Business : Number of Employees (* if in Quebec)				
Mailing Address : Ci		City:	City:		Province : Postal (Postal Code :	
* Billing Address:	ing Address: * City:				* Province : * Postal Code :			
Contact :	* Phone Numb		☐ Home ☐ Work * Email Address: ☐ Mobile					
Business Website :			PST/QST Numb					
Landlord/Mortgagee Holder:				Phone Num	umber :			
PRINCIPAL S	/SHAREHOLD	FRS INFORMATION (A	dso rec	nuired to be	e completed for Sole Pro	nrietorsh	nin or Partnershin)	
* First Name :	,011,111010	* Middle :		quirou to be	* Last Name :	priotoror	* Suffix :	
			optional)		* Email Address :			
* Date of Birth * Home Address :			* City	<i>/</i> :			* Province :	
		T	,					
* Postal Code :		* Phone Number :		_	Home			
* First Name :		* Middle Name :	* Middle Name :		* Last Name :		* Suffix :	
* Date of Birth Month Day	/ Year	Social Insurance Number (o	nber (optional) * Email Address :					
* Home Address:	•	•	* City :			* Province :		
* Postal Code :		* Phone Number :	* Phone Number :					
	viding a social in	surance number is option		not a condit	ion to obtaining a credit re			
enable the Lessor/Ler	nder and its assi /Lender and its	gnees to provide financing	and to	promote th	ne products and services of	of the Less	ssor/Lender and its funders and to sor/Lender and its affiliates; and or from credit reporting agencies in	
Signature :					Date :	:		
Signature :					Date :	: <u></u>		