



GL Vendor Rep: _____

Email: **credit@GuardianLeasing.ca**

Text: **416-727-8662**

VENDOR PROFILE

Legal Name: _____ Vendor #: _____
 Operating As: _____ Phone #: _____
 Address: _____ Email: _____
 City: _____ Province: _____ Postal Code: _____

COMPANY INFORMATION

Years in Business Under Present Ownership: _____ # of Employees: _____
 Type of Business/ Principle Products and Brand Sold (Please attach brochures): _____
 Trading Area: _____ # of Sales Reps: _____
 Leasing Companies Used: _____
 Who Coordinates Leasing: _____
 Average Size Sale: _____ Average Monthly Sales Volume: _____
 Anticipated lease Volume: _____
 How is service provided on products sold by your company? _____

GST/HST# _____ (required for verification purposes)

TRADE REFERENCES

Manufacturer/ Supplier Trade Information:

Name: _____	Phone: _____	Contact: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	Phone: _____	Contact: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	Phone: _____	Contact: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

BANK INFORMATION

Bank: *Not required at this time. VOID CHEQUE can be sent when invoicing.* Branch: _____
 Account #: _____ Contact: _____ Phone: _____
 Inventory Financing Co: YES NO Name: _____ Phone: _____

PRINCIPAL INFORMATION

Principal's Name: _____ Home Phone: _____
 Home Address: _____ City: _____
 Province: _____ Postal Code: _____ Date of Birth (MM/DD/YY): _____

ACKNOWLEDGEMENT: By signing below the Applicant and/or User confirms that the Business, Principals, Co-Applicant have consented to:
 -The collection, use and disclosure of Personal (or Business) Information for the purpose of credit adjudication by Guardian Leasing Corp. and/or its funders in order to provide the applicant with the service requested.
 -GLC and/or its funders to obtain credit information including consumer/commercial reports from consumer/commercial reporting agencies, financial institutions and any other references, provided by the applicant in connection with this application. A facsimile or electronic signature shall be accepted as an original execution.
 -Social Insurance Numbers being used as an aid to identify you with the consumer credit reporting agency and/or funders for credit history file matching purposes.
 -GLC and/or its funders to disclose Personal (or Business) Information in connection with the proposed financing to GLC subsidiary companies, funders, credit reporting agencies or other parties that the applicant may have financial dealings as well as GLC using said information to promote our services to you.

X _____
 Authorized Vendor Signature Title Date
 (Original Non-Digital Signature)