

Financing application form	
*** A clear front & back picture of your driver's license must be provided with this application form ***	
Customer number	
Company name	
Email address	
Telephone number	
Billing address	
Shipping address	
(Please leave blank if identical to	
billing address)	
Customer name: (personal)	
Social Insurance Number (SIN)	
(Please note usage of your SIN is to consult your credit records	
& does not affect your historical score.)	
Description of goods	
Total order value: (no sales taxes, no shipping charges)	
Date of application	
I acknowledge and have duly completed this application with the intention that Somak Financial Inc will proceed with a credit investigation for financing of equipment. I hereby authorize Somak Financial Inc and it's partners to proceed with the credit review to obtain and/or exchange information with various credit agencies to verify my financial situation.	
Sign (block letters)	Signature required
**** To be completed only if specifically requested by Somak Financial Inc. ****	
Name of Garantor	
Relationship with Lessee	
Social Insurance Number (SIN) (Please note usage of your SIN is to consult your credit records & does not affect your historical score.)	
Signature	