



Telephone: 1-888-689-9876

Facsimile: 1-888-689-9862

www.medicard.com

CREDIT APPLICATION**COMPANY INFORMATION**

Full Company Name:		D.B.A.:	
Address:		Telephone: ()	
City:	Province:	Postal Code:	Type of Business:
No. of Employees:		Business Start Date:	
Incorporated (Attach 2 Years Financial Statements)		Partnership	Proprietorship (Complete Personal Application)

PRINCIPALS / SHAREHOLDERS

1) Name:		Title:		Ownership %:	
Address:		Telephone: ()			
City:		Province:		Postal Code:	
S.I.N.:		Date of Birth: D/M/Y			
2) Name:		Title:		Ownership %:	
Address:		Telephone: ()			
City:		Province:		Postal Code:	
S.I.N.:		Date of Birth: D/M/Y			

TRADE REFERENCES

1) Company Name:		Contact:			
Address:		Telephone: ()			
Nature/Amount of Trade:		Terms:			
2) Company Name:		Contact:			
Address:		Telephone: ()			
Nature/Amount of Trade:		Terms:			

BANK REFERENCES

Bank:		Branch:		Account No:	
Branch Address:		Telephone ()		Contact:	
Average Balance: \$		Overdraft/Loan Amount: \$			
Line of Credit Limit: \$		Outstanding Balance: \$			

LEASE DETAILS

Equipment Cost: \$		Monthly Term:		Supplier:	
Equipment Description:					

AUTHORIZATION

The undersigned certifies that the above information to be true and correct. By signing below, I/we consent to Medicard Finance Inc. and /or its assignees obtaining from any Credit Reporting Agency or Credit Grantor with whom the undersigned has/may have financial relations, such as information it may require at any time in connection with the credit hereby applied for, and consent to its full disclosure at any time.

Authorized Signature_____
Title_____
Date_____
Authorized Signature_____
Title_____
Date