



Desante, a division of Maxium Financial Services Inc.
 30 Vogell Road, Richmond Hill, Ontario L4B 3K6 tel: (905) 780-0891 fax: (905) 780-1136
 toll free tel: 1-866-276-7642 toll free fax: 1-866-276-7643 Internet: www.desante.ca

CREDIT APPLICATION

PERSONAL INFORMATION			
LEGAL SURNAME		LEGAL FIRST NAME	
HOME ADDRESS		POSTAL CODE	YEARS AT ADDRESS
DATE OF BIRTH	SOCIAL INSURANCE NUMBER	HOME PHONE	HOME E-MAIL

BUSINESS INFORMATION			
FULL LEGAL NAME (INCLUDING FRENCH NAME IF APPLICABLE)		TRADE NAME (IF APPLICABLE)	
BUSINESS ADDRESS		POSTAL CODE	YRS. AT CURRENT LOCATION
CONTACT NAME	BUSINESS TELEPHONE	BUSINESS FAX	BUSINESS E-MAIL
PROFESSION & DESCRIPTION OF PRACTICE		YRS IN PRIVATE PRACTICE	PREMISES <input type="checkbox"/> LEASED <input type="checkbox"/> OWNED
PROPRIETORSHIP: <input type="checkbox"/>	CORPORATION: A) PROFESSIONAL <input type="checkbox"/> OR B) TECHNICAL/ HYGIENE <input type="checkbox"/>	PARTNERSHIP: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

ESTIMATED CREDIT REQUIREMENTS						
NEW EQUIPMENT	COMPUTER	FURNITURE	CABINETRY	LEASEHOLDS	OTHER	TOTAL

INSURANCE INFORMATION
I understand as part of my credit application and subsequent finance/lease conditions, I am required to provide proof or assignment of life and disability insurance or alternately I may apply for Group Insurance under the Desante Creditor Group Insurance Plan, or request that Desante, as part of the application process apply on my behalf and at my expense.
Insurance Declaration: (to be answered by ALL credit applicants)
I hereby wish to apply for Group Creditor Insurance as part of this application: _____ YES _____ NO (check one only)
I am between the ages of 18 and 65 and actively working at least 25 hours per week. _____ YES _____ NO (check one only)
Where Desante Group coverage is desired AND where the sum of ALL obligations with Desante is greater than \$100,000:
The Applicant must <i>complete and sign</i> the “Supplemental Health Declaration and Contact Form” AND maintain a copy for their records.
<i>* The undersigned certifies this above information to be true and correct. This is an application</i>

***If the answer is Yes to any of the following questions, please explain on a separate page.**

- Has the business or any of its principals ever filed for bankruptcy or had a judgment rendered against it? Yes No
- Is the business or any of its principals involved in any lawsuits or claims? Yes No
- Does the business or any of its principals have any arrears in taxes (income, GST/PST, property, business) or payroll deductions? Yes No
- Is the business currently appealing any notice or assessment issued by Canada Customs and Revenue Agency (“CCRA”) ? Yes No
- Is the business or any of its principals a Guarantor to any third-party financing? Yes No

Your signature(s) below certifies that the information about you as an individual in this application and attached addendum (if applicable) and any other information provided in the future is accurate and complete and that you acknowledge that Desante, division of Maxium Financial Services Inc. will rely on the information contained herein in extending credit to you or the business. You hereby authorize Desante, a division of Maxium Financial Services Inc. to conduct personal credit investigations (in this regard I confirm that this shall serve as notice of Desante, a division of Maxium Financial Services Inc.’s intention to do so), and authorize Desante, a division of Maxium Financial Services Inc. to release any personal credit information to third-party financial institution(s).

SIGNATURE : _____ Dated at: _____ this _____ day of _____ 20____