



CREDIT APPLICATION

Caterpillar Financial Services Limited
 Caterpillar Financial Services Leasing ULC
 3457 Superior Court, Unit 2, Oakville, Ontario L6L 0C4
 Ph: 1-800-651-0567 Fax: 1-289-291-2236

BUSINESS NAME		Existing Customer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TRADE NAME (Operating As)		Customer Number	#	

ADDRESS	STREET ADDRESS	CITY	PROV	POSTAL CODE
Physical Address				
Billing Address				
Email	Years in Business			

Contact Name		Phone Number	
Title	Cell Phone / Pager	Fax Number	
Contact Name		Phone Number	
Title	Cell Phone / Pager	Fax Number	

COMPANY TYPE (Check one)	INDUSTRY TYPE (Select all that apply)				PO # REQUIRED	GST NUMBER
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> General Construction	<input type="checkbox"/> Forestry	<input type="checkbox"/> Rental House	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Individual	<input type="checkbox"/> First Nation	<input type="checkbox"/> Heavy Construction	<input type="checkbox"/> Mining	<input type="checkbox"/> Power Systems	# INVOICES REQ'D	PST NUMBER
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Governmental	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Petroleum	<input type="checkbox"/> Trucking / Engines	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Bank Name			
Address			
Contact Name		Phone Number	
Account Number		Fax Number	

TO BE COMPLETED BY OWNERS / PRINCIPALS / GUARANTORS (Attach additional sheets if necessary)
NOTE: Please include a clear copy of government issued photo identification as follows
CAT FINANCIAL: Passport or Birth Certificate

Check one	NAME			
<input type="checkbox"/> Owner	Title		Phone Number	
<input type="checkbox"/> Principal	Address			
<input type="checkbox"/> Guarantor	*Social Insurance #	Date of Birth	% of Ownership	

* Please provide your Social Insurance number and date of birth OR a copy of your most recent accountant-prepared year-end financial statements.

Check one	NAME			
<input type="checkbox"/> Owner	Title		Phone Number	
<input type="checkbox"/> Principal	Address			
<input type="checkbox"/> Guarantor	*Social Insurance #	Date of Birth	% of Ownership	

* Please provide your Social Insurance number and date of birth OR a copy of your most recent accountant-prepared year-end financial statements.

NOTICE: Applicant and each owner, principal, guarantor or other person signing below ("I/we", "me/us") jointly and severally warrant that the information provided herein or in connection with this application is true and correct and that I am the duly authorized representative of the company named herein. I/we consent to Caterpillar Financial Services Limited ("CFSL") and/or Caterpillar Financial Services Leasing ULC ("CFSLU") obtaining a consumer report and other credit, financial and related personal information ("Credit Report") about me/us from, and disclosing Credit Reports to, any credit reporting agency, credit bureau, financial institution, business or any other third party with whom I/we have had or may have a financial relationship. I/we acknowledge that any such information may be obtained about me/us from time to time in connection with this application including for the purpose of determining whether credit will be granted and ongoing creditworthiness. In particular, I/we understand that CFSL and/or CFSLU may use my/our consent provided for in this application to obtain Credit Reports about me/us for the purposes of: making a decision about my credit application, assessing my credit worthiness in connection with approving additional financial transactions, monitoring, evaluating, servicing, collecting and otherwise enforcing my account, and responding to inquiries about my application, account, or file.

In particular, I/we consent to the collection, use and disclosure of personal information as further described and in the Caterpillar Financial Services Limited and/or Caterpillar Financial Services Leasing ULC Canadian Privacy Statement, available at <http://cafinance.cat.com> under the "About Us" tab or by calling 1-800-561-3771. I acknowledge and agree that should CFSL and/or CFSLU agree to the establishment of a credit account, that it shall be on the condition that a CFSL standard credit agreement respectively is executed.

I/we acknowledge that the consents set out herein or provided in connection with this application shall continue for as long as I/we continue to have a relationship with CFSL and/or CFSLU.

NAME		TITLE	
SIGNATURE		DATE (MM/DD/YYYY)	

NAME		TITLE	
SIGNATURE		DATE (MM/DD/YYYY)	