

Golden West Leasing
1802 Stadacona Street W.
P.O. Box 225, Moose Jaw, Sask.
S6H 4N8
Phone: (306) 692-7402
Fax: (306) 694-0607

NAME: _____
(First Name) (Middle Initial) (Last Name)

ADDRESS: _____
(Street and/or P.O. Box)

(City/Town) (Province)

(Postal Code) (Home Phone No.) (Work Phone No.)

(Cell) (Fax) (E-Mail)

SOCIAL INSURANCE NO. _____

BIRTH DATE: _____

PRIMARY FINANCIAL INSTITUTION:

(Name of Bank/Financial Institution)

(City/Town)

(Contact Person) (Telephone No.)

The undersigned agrees to allow Golden West Trailer & Equipment Ltd. to do credit checks and obtain a credit bureau for the purpose of financing equipment.

(Signature)

(Date)