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Toronto, Ontario, M3C 0H5  
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www.morrisonfinancial.com

### Applicant Information Form - General Accounts

Applicant's Name (Print full legal name of business)

Business Address

Telephone Number

Fax Number

Details of Ownership

Corporation

Partnership (No. of Partners)

Proprietorship

How did you hear about Morrison Financial?

### Financial Services Information

Financing Requested

- (a) Invoice Discounting \_\_\_\_\_
- (b) PO Financing \_\_\_\_\_
- (c) Term Loan \_\_\_\_\_
- (d) Commercial Mortgage \_\_\_\_\_
- (e) Import/Export Trade Financing \_\_\_\_\_
- (f) Other - Please specify \_\_\_\_\_

Amount Requested

Type of Business

Intended Use of Funds

  
  

Largest Customers

- (a) \_\_\_\_\_ (b) \_\_\_\_\_
- (c) \_\_\_\_\_ (d) \_\_\_\_\_

References - Professional

Lawyer's Name

Address

Contact Person

Telephone No.

Accountant's Name

Address

Contact Person

Telephone No.

References - Financial

Bank's Name

Address

Manager

Telephone No.

Account No.

Current Credit Facilities

( a ) Lender/Security (Collateral) Pledged

( b ) Lender/Security (Collateral) Pledged

Management Contact and Signing Authority

Please list persons authorized to sign on behalf of the company:

Name

Title

Name

Title

### Shareholders, Partners, Owners are as follows

Owner (First, Middle, Last Name)

Address

Telephone No.

Date of Birth

Social Insurance No.

Driver's License No.

Attached Identification

Birth Certificate

Canadian Citizenship

Marital Status

No. of Dependents

If home rented, monthly rent is:

Percentage of Ownership in Business?

Spouse's Name

Date of Birth

Social Insurance No.

Driver's License No.

Attached Identification

Birth Certificate

Canadian Citizenship

Spouse's Employer

### Additional Shareholders, Partners, Owners

Owner (First, Middle, Last Name)

Address

Telephone No.

Date of Birth

Social Insurance No.

Driver's License No.

Attached Identification

Birth Certificate

Canadian Citizenship

Marital Status

No. of Dependents

If home rented, monthly rent is:

Percentage of Ownership in Business?

Spouse's Name

Date of Birth

Social Insurance No.

Driver's License No.

Attached Identification

Birth Certificate

Canadian Citizenship

Spouse's Employer

## Additional Information

State any information which you feel would assist us in considering your application.

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It is understood that Morrison Financial may from time to time make credit checks or inquiries about the applicants of the shareholders, or owners of the Applicant, including inquiries with the Applicant's bank. A copy of this form shall be good and sufficient authority for anyone having otherwise confidential information about the financial position of the applicants, or the shareholders or owners of the Applicant, to disclose such information to Morrison Financial upon request from time to time. The person signing below has authority to sign on behalf of all persons listed under the Shareholders, Partners, and Owners section.

Inquiries referred to herein will be made only to protect the legitimate interests of Morrison Financial. Discretion will be exercised and all information received will be held in confidence.

**THIS IS AN IMPORTANT DOCUMENT.  
PLEASE REVIEW IT CAREFULLY BEFORE SIGNING!**

The undersigned certifies that all information set out above is true.

Signature

Print Name

Position

Date