



**DEALER APPLICATION**

Tel:  
Fax:

Referrer: Alliance Web Site

**\*Please fax completed application to (905) 660-3078. Please attach a copy of the First Page of Articles of Incorporation or Business Registration**

Date \_\_\_\_\_

Corporation  Partnership  Proprietorship

**BUSINESS INFORMATION**

Business Name:		Trade Name:	
Address:		City:	Postal Code:
Telephone No.:		Fax:	
Contact Name/Title:		Website:	
Email:	Yrs. In Business:	GST/HST #:	
Type of Business:		Better Business Bureau Member: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bank & Branch:	Acct. No.:	Acct. Mgr.:	

**PRINCIPAL # 1 INFORMATION**

Full Legal Name:		S.I.N.:	
Address:		City:	
Postal Code:	Email Address:		Date of Birth:
Own: <input type="checkbox"/>	Rent: <input type="checkbox"/>	No. of Yrs.:	Telephone No.:
Employer:		Position:	No. of Yrs.:

**PRINCIPAL # 2 INFORMATION**

Full Legal Name:		S.I.N.:	
Address:		City:	
Postal Code:	Email Address:		Date of Birth:
Own: <input type="checkbox"/>	Rent: <input type="checkbox"/>	No. of Yrs.:	Telephone No.:
Employer:		Position:	No. of Yrs.:

**PRINCIPAL # 3 INFORMATION**

Full Legal Name:		S.I.N.:	
Address:		City:	
Postal Code:	Email Address:		Date of Birth:
Own: <input type="checkbox"/>	Rent: <input type="checkbox"/>	No. of Yrs.:	Telephone No.:
Employer:		Position:	No. of Yrs.:

**TRADE REFERENCES**

1. Company Name:	Telephone No.	Contact:
2. Company Name	Telephone No.	Contact:
3. Company Name:	Telephone No.	Contact:

**CREDIT CHECK AUTHORIZATION**

I/we certify that all the information in this application is true and complete. I acknowledge that all the personal information gathered may be used by Intra Finance Group Inc. ("Intra"), its funders, agents and assigns, to assess my credit worthiness, provide products, administrate contracts and to perform services as may be requested by me. Intra may also disclose my personal information to third parties such as but not limited to credit reporting agencies, financial institutions, financing companies, securitization organizations and my insurance agent or company. Intra may also disclose my personal information where they are required or permitted by law to do so. Subject to legal and contractual requirements, you may refuse or withdraw your consent to certain of the identified purposes at any time by contacting the Intra Chief Privacy Officer. By executing this document below, I/we have consented to these uses and disclosures.

(x) \_\_\_\_\_  
Per Business Firm

(x) \_\_\_\_\_  
Principal # 1

(x) \_\_\_\_\_  
Principal # 2

(x) \_\_\_\_\_  
Principal # 3