

Commercial Credit Application

CORPORATE									
Legal Business Name:									
Trade Name:									
Physical Address:					Telephone:				
City:				Province:	Postal Code:				
Mailing Address:				Same as Physical	Telephone:				
City:				Province:	Postal Code:				
President/Owr	ner:								
Email:									
Website:									
			FINANCIAL	INSTITUTION					
Bank Name:									
Contact:									
Physical Address:					Telephone:				
City:				Province:	Postal Code:				
			COMPANY	SPECIFICS					
Entity Type:	Corporation	Partnership	Sole Proprietor	Years in Business:					
Number of Em	ployees:			Date of Fiscal Year End:					
Primary Servic	es Offered:			Primary Service Area(s):					
Fleet Information (Brief Description):									
TOP 5 CUSTOMERS									
Customer Name:					Percentage Of Revenues:				

208 - 1824 Gordon Dr. Kelowna, BC V1Y 0E2 P: 1-888-626-3002 E: customerservice@dynamic-capital.ca



	OWNERSHIP STRUCTURE								
Shareholders:									
	Name	Title	Ownership %	Guarantee (Y/N)					
1.									
2.									
3.									
Additional Entities (Opco/Holdco, Sister Companies) - If Applicable:									
	Name	Title	Ownership %	Guarantee (Y/N)					
1.									
2.									
3.									
If > 3 additional entities, please provide org chart.									
BANKRUPTCY									
Have you ever had any prior bankruptcy, judgment or legal proceeding against you? Yes No									
If yes, please explain:									