



SUPPLIER PROFILE

Complete in block letters

Account Manager: _____

SUPPLIER INFORMATION

Legal Name: _____

Commercial Name: _____ Telephone: _____

Address: _____ Fax: _____

City: _____ Province: _____

Postal Code: _____ Service Areas: _____

Web Site: _____ No. Representatives: _____

No. of Years in Business (with current owner): _____

Type of Commerce / Main Products and Brands Offered (include your brochures):

Average transaction: _____

Volume – current year: _____

Volume – next year: _____

Person in Charge of Leasing: _____

Email: _____

INFORMATION REGARDING YOUR MANUFACTURERS / SUPPLIERS

Name: _____ Telephone: _____ Contact: _____

Name: _____ Telephone: _____ Contact: _____

FINANCIAL INFORMATION

Bank Name: _____ Telephone: _____

Address: _____ Fax: _____

City: _____ Province: _____

Postal Code: _____ Account No: _____

PUBLICATION: By signing this document, I understand that my information will be processed in a confidential way. With my signature, I authorize you to obtain, if required from any credit agency or financial institution, a commercial solvency report regarding my company.

Authorized Signatory Title Date

Please **sign and send** your document to: **CLE – CANADIAN LEASING ENTERPRISES LTD.**

2200, rue de la Sidbec S., Bur. 202, P.O. Box 1239, Trois-Rivières (Québec) G9A 5K8

Tél./Phone: 1-800-373-7393 Fax: 1-800-373-7394

INTERNAL INFORMATION (internal use only)

Equipment Type: _____

Rate Card: _____ Authorization Date: _____ Potential Quote: _____

Comments: _____

