



Fairbanx Corp.

www.fairbanx.com

bt@fairbanx.com

Telephone: (416) 574-4788, Fax: (416)239-7315

IPC Express LOC Application

Name: _____ D.O.B: DD/MM/YY

Home Address: _____ SIN: - -

Home Tel #: () Home Fax #: ()

Dealership: _____

Dealership address: _____

Telephone #: () Fax #: ()

Employment: Current: ()yrs. Previous: ()yrs.

Contact name: _____ Assets under Admin: \$
(At the dealership, indicate position and title)

Signature: _____
Date: _____

Attachments:

- Winfund Asset under Administration Report
- Payee's Bank Account - Void Cheque

** Complete and fax us this application together with attachments.*

** Upon receipt, we will confirm the opening of your Line of Credit and amount.*

** Draw on your Line by emailing us the amount required. We will immediately fax our LOC agreement for you to sign.*

** Upon receipt of the signed agreement and subject to IPC approval we will have your required funds deposited into your bank account within one banking day.*

** Rates are \$1.20 per day per \$1,000 on outstanding amounts. A nominal fee is charged for each advance. All advances must be approved by your dealership.*

** I/We warrant and confirm that the information given in this application is true and correct and I/we understand that it is being used to determine my/our credit eligibility. You are authorized to obtain any information you may require relative to this application from any source to which you may apply and each such source is hereby authorized to provide you with such information.*



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