

Rep Name: _____ Rep Phone: _____ Fax #: _____

Company

Full Legal Name _____		Operating As _____	
Trucking Since? _____	Is this a replacement truck? _____	Replacement <input type="checkbox"/>	Additional Truck <input type="checkbox"/> My First Truck <input type="checkbox"/>
Address Including Postal Code _____			
Phone _____	Fax _____	Cell _____	Email _____
Date of Birth (mm/dd/yy) _____	SIN # _____	Have you ever been bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Who do you haul for? _____	How long? _____	Average Monthly Income _____	
Who pays for insurance? <input type="checkbox"/> Applicant <input type="checkbox"/> Transport Company	Who pays for fuel? <input type="checkbox"/> Applicant <input type="checkbox"/> Transport Company	Average Monthly Income _____	
What do you haul? _____	Where to/from? _____	Estimated Km's/Mo. _____	Will equipment ever enter USA? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Equipment Acquisition _____			Class of Driver's License _____
Who will be driving this vehicle? _____		If not you, their relationship to you? _____	Class of Driver's License _____

Balance Sheet

Assets		Liabilities	
Bank Account Balances _____		Balances Owning on Bank Loans _____	
Stocks/Bonds _____		Credit Cards _____	
Principle Residence - Real Estate Owned _____		Mortgages on Principal Residence _____	
Investment Property – Real Estate Owned _____		Mortgages on Investment Property _____	
RRSP's _____		Income Taxes _____	
Trade Accounts Receivable _____		Other: _____	
Life Insurance Cash Value _____		Other: _____	
Automotive Assets _____		Other: _____	
Other: _____		Other: _____	
Total Assets _____		Total Liabilities _____	
Personal Net Worth _____			

Trade/Credit References

Fuel Supplier _____	Contact _____	Phone _____
Tire Supplier _____	Contact _____	Phone _____
Parts & Service Supplier _____	Contact _____	Phone _____

Equipment to be Leased (Please attach a Vehicle Specification Sheet with your application)

Description Including Year, Make, Model _____		Down payment <input type="checkbox"/>	Trade <input type="checkbox"/>	Value _____
Cost _____	Term _____	Vendor _____		
Representative _____	Phone _____	Fax _____		
Address Including Postal Code _____		Website/Email _____		

The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize the following entities: 7964927 Canada Inc., Lease Link Canada Corp., Varion Capital Corp., Creditor Financial Corp., (hereinafter, collectively known as Creditor) and its representatives, at any time to obtain on an on-going basis, verify, use, communicate with and disclose to third parties (including credit reporting agencies, credit exchanges, leasing brokers, and credit grantors, on an on-going basis) any of my credit, financial, and personal information that Creditor deems necessary to complete, service or enforce any lease, ancillary deed or transaction, including but not limited to assignments and securitizations. You authorize us to collect, hold, exchange and disclose your personal information as requested in order to administer your contract & determine your insurance eligibility as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes. If you would like to review your own personal information, correct or revise existing information, have any questions, concerns or comments regarding its application please fax 1-780-414-0615 (Attn: Privacy Office) or mail #205, 10471 – 178St. Edmonton, AB T5S 1R5 Attn: Privacy Office. (07202012)

Signature of Applicant: _____ Title: _____ Date: _____

Signature of Applicant: _____ Title: _____ Date: _____