

Rep Name: _____ Fax: _____

Company

Full Legal Name: _____ Operating As: _____
☐ Sole Proprietorship ☐ Partnership ☐ Corporation Profession: _____
 Address Including Postal Code: _____
 Phone: _____ Fax: _____ Cell: _____ Email: _____
 Reason for Equipment Acquisition: _____

Personal/Principal Information

Full Name: _____ DOB (mm/dd/yy): _____ SIN #: _____
 Address Including Postal Code: _____
 Home Phone: _____ University Attended: _____ # of Years: _____
 Number of Years Private Practice: _____ Number of Years Non-Private Practice: _____
 Joint Lease? ☐ Yes ☐ No If yes, with Dr. _____
 Supplier: _____ Phone: _____ Accountant: _____ Phone: _____

Bank

Bank: _____ Branch: _____ How Long? _____
 Contact: _____ Phone: _____ Account #: _____

Equipment to be Leased

Description including Make/Model etc.: _____
 Cost: _____ Term: _____ Vendor: _____
 Representative: _____ Phone: _____ Fax: _____
 Address including postal Code: _____
 Website: _____ E-mail: _____

Leasing Details

New Equipment _____ ☐ New Practice ☐ Leaseback
 Used Equipment _____ Is equipment clear of all encumbrances? ☐ Yes ☐ No
 Computers _____ If no, provide details:
 Furniture _____
 Custom Cabinetry _____
 Leasehold Improvements _____ Delivery Date: _____

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., Credicor Financial Corp., (hereinafter, collectively known as Credicor) 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 Credicor 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: _____