

Rep Name:

Fax #:

## Company

Legal Name of Farm		Operating Name	
Applicant's Name			
Mailing Address Including Postal Code			
Land Coordinates	SIN #	Date of Birth (dd/mm/yyyy)	# of years farming
Gross Yearly Revenue \$		Secondary Income	
Type of Farm Operation (Grain/Cattle/Dairy/Hog/Poultry/other: describe please)	Amount of land owned	Rented	Cultivated
Amount of Livestock	Amount of breeding livestock		

## Financial Information

Bank	How long have you been with them?	Phone #
Contact	Location	

## Trade References

Company	Contact	Phone #
Company	Contact	Phone #

Credit Cards (Type and numbers)

## Dealer Information

Name	Phone
Cost of Equipment	Lease Term
Description of Equipment	New      Used

Preferred Payment Plan:      Seasonal      Semi Annual      Monthly      Custom

The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize the following entities: Varion Capital Corp, Lease Link Canada Corp. Medi Credit a division of Lease Link Canada Corp., Lease Link Capital Corp., (hereinafter, collectively known as Lease Link) 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 Lease Link 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 it's application please fax 1-780-414-0615 (Attn: Privacy Office) or mail #205, 10471 - 178St. Edmonton, AB T5S 1R5 Attn: Privacy Office. (10202010)

Signature of Applicant:

Title:

Date:

X \_\_\_\_\_

X \_\_\_\_\_