

Rep Name:

Fax #:

## Company

Full Legal Name		Operating As			
Corporation	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
No. of years in operation			No. of years with the same management		
Address Including Postal Code					
Phone	Fax	Cell	E-mail	Website	
Type of Golf Course		Driving Range			
<input type="checkbox"/>	Private	<input type="checkbox"/>	Semi-Private	<input type="checkbox"/>	Public
<input type="checkbox"/>		Yes		<input type="checkbox"/>	
Pro's Name		Superintendent			
COURSE:		No. of Members		No. of Holes	
No. Rounds Per Year		FEES:		Initiation	
Annual Dues		Green Fees		Weekdays	
Weekends		FLEET:		No. of Cars	
No. Manufacturer		Rental Rates/Rounds			
Reason for Equipment Acquisition					

## Principal/Personal Information \*\*If more than one shareholder, fill separate application for each shareholder\*\*

Full Name		Date of Birth (dd/mm/yyyy)		SIN #		% of ownership		
Address Including Postal Code			Home Phone		How Long?		Own or Rent?	
Value \$		Mtg. Balance \$						

## Bank

Bank		Branch		How Long?	
Contact		Phone and Fax		Account #	

## Trade/Credit References

Supplier	Contact	Phone
Supplier	Contact	Phone
Supplier	Contact	Phone

## Equipment to be Leased

Description Including Year, Make Model etc.		
Cost \$	Term	Vendor
Representative	Phone	Fax
Address Including Postal Code		Website/E-mail

The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize the following entities: Lease Link Canada Corp. and Varion 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. (10182010)

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 X \_\_\_\_\_  
 X \_\_\_\_\_