

Rep Name:

Fax #:

Full Legal Name		Operating As	
Proprietorship <input type="checkbox"/>	Personal <input type="checkbox"/>	In Business Since (Month/Year)	
Address Including Postal Code			
Website		E-mail	
Phone	Fax	Cell	Nature of Business
Reason for Equipment Acquisition			

## Financial Summary

Total Revenue/Sales \$	Total Assets \$	Income Before Taxes \$
Total Debt \$	Total Income After Taxes \$	Shareholders Equity \$

## Employment

Employer Name	Contact	Phone
Gross Income	How Long?	Occupation

## Personal/Principal Information

Full Name	Date of Birth (dd/mm/yyyy)	SIN #
Address	City/Province /	Postal Code
Home Phone	How Long?	Own/Rent?
Value \$	Mortgage Balance \$	
Previous Employer	How Long?	

## Bank

Bank	Branch	How Long?
Contact	Phone ( ) -	Account #

## Equipment to be Leased

Description including Year/Make/Model etc.		
Cost \$	Term	Vendor
Representative	Phone	Fax

The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize the following entities: Lease Link Equipment Finance 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.

Signature of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_