



Credit Application: Commercial Vehicle

Rep Name:

Fax #:

Company

Full Legal Name		Operating As	
Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/>		In Business Since?	Number of employees?
Address Including Postal Code			
Phone	Fax	Cell	E-mail
Gross Monthly salary \$			
Reason for Equipment Acquisition		Do you currently hold a valid drivers license for the vehicle you are applying for? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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?	Landlord or Mortgage Holder	Value? \$	Balance? \$
Monthly Payment? \$			
If less than 2 years at previous address, previous address below:			

Bank

Bank	Branch	How Long?
Contact	Phone and Fax	Account type and #
Credit Cards (Type and numbers)		

Trade/Credit References

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

Equipment to be Leased

Description Including Year, Make Model etc.		Kilometers?	Downpayment/Trade? \$
Cost (including Freight and PDI) \$	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: 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 _____	_____	_____