

Rep Name: _____

Fax #: _____

Name	_____		
Occupation	_____		
How Long	_____		
Home Address	_____		
Home Phone	_____	Cell Phone:	_____
S.I.N.#:	_____	Date of Birth:	_____
Years of Experience	_____		

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash / Short Term Investments	\$ _____	Line of Credit Limit:\$ _____	\$ _____
Receivables	_____	CWB Advance	_____
Market Livestock	_____	Other Cash Advances	_____
Crops for Sales	_____	Farms Accounts Payable	_____
Autos and Trucks	_____	Owed on Autos and Trucks	_____
Breeding Livestock	_____	Owed on Livestock	_____
Machinery and Equipment	_____	Owed on Machinery and Equipment	_____
Buildings	_____	Owed on Real Estate	_____
Land Value	_____	Owed on Lease Obligations and other farm loans	Mortgage _____ Contract deed _____
Other Farm Assets (NISA, Quote, etc)	_____	Personal loans, Credit Cards, and other personal debts	_____
Personal Assets (RRSP's, Stocks, Bonds, etc)	_____	Income Taxes	_____
_____	_____	Other Expenses	_____
Total Assets \$	_____	Total Liabilities \$	_____

YOUR NET WORTH (Total Assets less Total Liabilities): \$ _____

Have you ever claimed bankruptcy? No Yes If yes discharged when? _____

Are any of the assets listed above, pledge as security elsewhere? No Yes

Are you a guarantor, Co-Signer, Co-Obligator on anyone's debt(s)? No Yes

Are there any legal actions, suits or judgments against you? No Yes

Are your income taxes for previous years fully satisfied? No Yes

The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize Varion Capital Corp and, Lease Link Canada 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. (13102010)

Signature: _____ Date: _____