

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	\$ _____	Bank Loans	\$ _____
RRSP's	_____	Credit Cards	_____
Stocks & Bonds	_____	Taxes Payable	_____
Principal Residence	_____	Mortgage on Principal Residence	_____
Recreational Property	_____	Mortgage on Recreational Property	_____
Investment Property	_____	Mortgage on Investment Property	_____
Automotive Assets	_____	Automotive Loans	_____
Notes Receivable	_____	Notes Payable	_____
Cash Surrender Value of Life Insurance Policies	_____	Other:	_____
Business Equity	_____	Other:	_____
Other:	_____	Other:	_____
<b>Total Assets \$</b>	_____	<b>Total Liabilities \$</b>	_____

**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: \_\_\_\_\_