

Rep Name:
Fax #:

Legal Name:		Vendor #:	
Operating As:	Phone:	Fax:	
Address:	City:	Province:	Postal Code:

Company Information

Years in business under present Ownership:	Duns:	# of employees:
Type of Business/Principle Product and Brands Sold (Please attach brochures):		
Trading Area:	# of Sales Reps:	
Leasing Companies Used:	Who Coordinates Vendor's Leasing:	
Average Size Sale:	Average Monthly Sales Volume:	
Number of Leases Per Month:	Average Monthly Lease Volume:	
Anticipated Lease Volume:		
How is service provided on products sold by your company?		

Trade References

Manufacturer/Supplier Trade Information			Authorized Vendor?	
Name:	Phone:	Contact:	YES	NO
Name:	Phone:	Contact:	YES	NO
Name:	Phone:	Contact:	YES	NO

Bank Information

Bank:	Branch:	Account #:
Contact:	Phone:	
Inventory Financing Co: YES NO	Name:	Phone:

Principal Information

Principal's Name:	Home Phone:	
Home Address:	City:	Province:
Postal Code:	S.I.N. #:	

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

Authorized Vendor Signature _____ Title _____ Date _____

