

Rep Name: _____ Fax #: _____

Company

Full Legal Name _____ Operating As _____
 Corporation Proprietorship Partnership In Business Since: _____ # of employees: _____
 Address Including Postal Code _____
 Website _____ Email _____
 Phone _____ Fax _____ Cell _____ Contact _____
 Nature of Business _____ Average Monthly Income _____
 Reason for Equipment Acquisition _____

Principal/Personal Information **If more than one shareholder, fill separate application for each shareholder**

Full Name _____ Date of Birth (mm/dd/yy) _____ SIN # _____ Home Phone _____
 Address Including Postal Code _____ Cell Phone _____
 Own Rent Value _____ Mortgage Balance _____ % of ownership _____
 How long at address? _____ Previous Employment _____ How long at previous employment? _____

Bank

Bank _____ Branch _____ How long? _____
 Contact _____ Phone _____ Fax _____ Account # _____

Equipment to be Leased

Description including Year, Make, Model etc _____ New Used
 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: 7964927 Canada Inc., Lease Link Canada Corp., Varion Capital Corp., Creditor Financial Corp., (hereinafter, collectively known as Creditor) 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 Creditor 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 its application please fax 1-780-414-0615 (Attn: Privacy Office) or mail #205, 10471 – 178St. Edmonton, AB T5S 1R5 Attn: Privacy Office. (07202012)

Signature of Applicant: _____

Title: _____

Date: _____

