

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: \_\_\_\_\_