

Rep Name: \_\_\_\_\_ Rep Phone: \_\_\_\_\_ Fax #: 403-279-2178

Name _____	
Occupation _____	Years of Experience _____
Home address(legal land) _____	City _____
Province _____	Postal Code _____ How long _____
Home Phone _____	Cell Phone: _____
S.I.N.#: _____	Date of Birth: _____
Email: _____	

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	
Other:		Notes Payable	
Other:		Other:	
Other:		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 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 #201A-17220 Stony Plain Road, Edmonton, AB T5S 1K6 Attn: Privacy Office. (07202012)

\_\_\_\_\_  
**Signature** \*PLEASE NOTE WE CAN NOT ACCEPT DIGITAL SIGNATURES

\_\_\_\_\_  
**Date**