

Representative: _____

Fax: 403-279-2178

Company

Full Legal Company Name _____ Operating As _____

Legal Land Address _____ City _____ Province _____ Postal Code _____

Phone _____ Fax _____ Cell _____ Email _____ Trucking Since? _____

Who do you haul for? _____ How long? _____ Average Monthly Income _____

What do you haul? _____ Where to/from? _____ Will equipment ever cross into USA? Yes No

Reason for Equipment Acquisition _____ Do you hold a valid driver's license for the vehicle you are applying for? Yes No

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

Full Name _____ Date of Birth (MM/DD/YY) _____ SIN # _____ % of ownership _____

Legal Land Address _____ City, Province _____ Postal Code _____ How Long? _____ Own Rent Phone _____

Value _____ Mortgage Balance _____ Have you ever been bankrupt? Yes No

Previous Employment _____ How Long? _____

Net Worth

Assets		Liabilities	
Bank Account Balances _____		Balances Owing on Bank Loans _____	
Stocks/Bonds _____		Credit Cards _____	
Real Estate Owned _____		Mortgages on Real Estate Owned _____	
RRSP's _____		Monthly Rental Payment _____	
Automobile (see below) _____		Other Obligations _____	
Other _____		Other: _____	
Other _____		Other: _____	
Total Assets _____		Total Liabilities _____	
Personal Net Worth (Assets – Liabilities) \$ _____		Additional: _____	

Automobile

Year, make, model _____	Description _____	Value _____
Year, make, model _____	Description _____	Value _____
Year, make, model _____	Description _____	Value _____
Year, make, model _____	Description _____	Value _____

Equipment to be Leased

Description Including Year, Make, Model _____ Down payment Trade Value for down / trade _____

Cost _____ Term _____ Vendor _____

Representative _____ Phone _____ Fax/Email _____

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 ##2021A – 17220 Stony Plain Road, Edmonton, AB T5S 1K6 Attn: Privacy Office. (07202012)

Signature of Applicant: _____ Title: _____ Date: _____

Signature of Applicant: _____ Title: _____ Date: _____

***PLEASE NOTE WE CAN NOT ACCEPT DIGITAL SIGNATURES**