

Rep: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: (403)279-2178

<b>GENERAL</b>	APPLICANT'S NAME (FIRST, MIDDLE, LAST)			DATE OF BIRTH MONTH DAY YEAR			SOCIAL INSURANCE			TELEPHONE NUMBER								
	PHYSICAL ADDRESS						TOWN			PROVINCE			COUNTY OF RESIDENCE			POSTAL CODE		
	MAILING ADDRESS (IF DIFFERENT)						MARRITAL STATUS MAR <input type="checkbox"/> UNMAR <input type="checkbox"/> SEPARATED <input type="checkbox"/>			SPOUSE'S FIRST NAME			NBR OF DEPENDENTS					
	IF LESS THAN 3 YEARS, GIVE PREVIOUS ADDRESS						EMAIL			CELL PHONE								
<b>BUSINESS</b>	NAME UNDER WHICH YOU DO BUSINESS						STYLE OF BUSINESS PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/>			COUNTY IN WHICH EQUIPMENT WILL BE KEPT								
	PRINCIPAL BUSINESS ADDRESS						TOWN			PROVINCE			COUNTY			POSTAL CODE		
	DESCRIPTION OF EQUIPMENT TO BE FINANCED												Term & Type of Pymt			Cost of Equipment		
	IS PRINCIPLE USE OF EQUIPMENT TO PRODUCE INCOME?		YES <input type="checkbox"/>		TYPE OF USE		FARM %		CUSTOM WORK %		INDUSTRIAL OR CONSTRUCTION %		COMMERCIAL %		FAMILY/PERSONAL /HOUSEHOLD %		OTHER % DESCRIBE:	
IF EQUIPMENT IS FOR FARM USE		DO YOU FARM FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>		HOW LONG HAVE YOU FARMED _____ YEARS		NUMBER OF ACRES OWNED _____		RENTED ON SHARES _____		NUMBER OF ACRES CULTIVATED _____		TOTAL _____						
<b>INCOME</b>	MONTHLY INCOME PER MONTH IN _____ YEAR			\$ _____ MONTHLY			SOURCE OF THIS INCOME			NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER - IF APPLICABLE			NUMBER OF YEARS EMPLOYED HERE					
	SEASONAL (ESTIMATED)		KIND OF CROP		NO. OF ACRES		INCOME DATE		ESTIMATED AMOUNT		AMOUNT		SOURCE					
									\$ _____		\$ _____							
									\$ _____		\$ _____							
							\$ _____		\$ _____									
If application is made jointly, list assets owned by and liabilities of both parties. if application is for individual credit, list assets and liabilities in your name only.						This application is <input type="checkbox"/> Joint <input type="checkbox"/> Individual												
<b>STATEMENT AS OF _____, 20__</b>																		
<b>ASSETS AND LIABILITIES</b>	<b>ASSETS</b>						<b>LIABILITIES</b>											
	Cash \$ _____						Owe Bank Monthly Payment: \$ _____ Total: \$ _____											
	Receivables \$ _____						Secured by: \$ _____											
	Stocks, Bonds, Certificates of Deposit, etc. \$ _____						Owe: Farm Credit Corp. or \$ _____											
	Machines and Equipment \$ _____						At: _____											
	____ Autos and ____ Trucks \$ _____						Secured by: _____											
	Livestock \$ _____						Owe on Real Estate: Mortgage <input type="checkbox"/> , Contract for Deed <input type="checkbox"/> \$ _____											
	Crops for Sale \$ _____						Held by: _____											
	Buildings \$ _____						Owe on Machinery and Equipment: To ACC: \$ _____ To Others: \$ _____											
	Number of Acres Owned ____ Value \$ _____						Owe on Lease Obligations \$ _____											
Located: _____						Describe Leased Asset: _____												
Other Assets: _____						Owe on Autos and Trucks \$ _____												
Total Assets \$ 0						Total Liabilities \$ 0												
<b>REFERENCES</b>	BUSINESS CREDIT REFERENCES		(NAME) (TOWN) (PROVINCE) (TELEPHONE NO.) (ACCOUNT NO.)															
			(NAME) (TOWN) (PROVINCE) (TELEPHONE NO.) (ACCOUNT NO.)															
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	BANK WITH:		AT:															
BANK OFFICER:		ACCOUNT NO.:																
<b>SIGNATURE</b>	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., Credicor Financial Corp., (hereinafter, collectively known as Credicor) 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 Credicor 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 CLIENT(S)										DATE							