

Rep Name: \_\_\_\_\_

Fax:403-279-2178

**Company**

Full Legal Name: \_\_\_\_\_ Operating As: \_\_\_\_\_  
 Sole Proprietorship     Partnership     Corporation    Profession: \_\_\_\_\_  
 Equipment Legal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Work: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 Reason for Equipment Acquisition: \_\_\_\_\_

**Personal/Principal Information**

Full Name: \_\_\_\_\_ DOB (mm/dd/yy): \_\_\_\_\_ SIN #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ University Attended: \_\_\_\_\_ # of Years: \_\_\_\_\_  
 Number of Years Private Practice: \_\_\_\_\_ Number of Years Non-Private Practice: \_\_\_\_\_  
 Joint Lease?     Yes     No    If yes, with Dr. \_\_\_\_\_  
 Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_ Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_

**Equipment to be Leased**

Description including Make/Model etc.: \_\_\_\_\_  
 Cost: \_\_\_\_\_ Term: \_\_\_\_\_ Vendor: \_\_\_\_\_  
 Representative: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address including postal Code: \_\_\_\_\_  
 Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Leasing Details**

New Equipment \_\_\_\_\_  New Practice     Leaseback  
 Used Equipment \_\_\_\_\_ Is equipment clear of all encumbrances?     Yes     No  
 Computers \_\_\_\_\_ If no, provide details:  
 Furniture \_\_\_\_\_  
 Custom Cabinetry \_\_\_\_\_  
 Leasehold Improvements \_\_\_\_\_ Delivery Date: \_\_\_\_\_

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 Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



Toll-free: 1 (888) 330-7587  
 Fax: (403) 279-2178  
 www.LeasePlus.ca