

## Joint Credit Application

Rep Name:

Phone / Fax #:

### Company

Full Legal name			Operating as		
<input type="radio"/> Corporation <input type="radio"/> Proprietorship <input type="radio"/> Partnership			In Business Since		# of employees
Business Legal Land Address			Postal Code		
Website			Email		
Phone	Fax	Cell	Contact Person		
Nature of Business			Estimate Company's Monthly Income (Average) \$		
Reason for Equipment Acquisition					

### Personal Information \*Principal applicant

Full Name		Date of Birth (dd/mm/yyyy)		SIN #	% of ownership
Street Address (Legal Land)		City, Province	Postal Code	How long there?	Own or rent?
Value \$	Mortgage Balance \$		Email	Phone	

### Personal Information \*Second applicant

Full Name		Date of Birth (dd/mm/yyyy)		SIN #	% of ownership
Street Address (Legal Land)		City, Province	Postal Code	How long there?	Own or rent?
Value \$	Mortgage Balance \$		Email	Phone	

### Equipment to be Leased

Description- Year, Make, Model	New	Used
Cost \$	Term	Vendor
Representative	Phone	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., Lease Link Capital Corp., (hereinafter, collectively known as Lease Link) 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 Lease Link 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 it's application please fax 1-780-414-0615 (Attn: Privacy Office) or mail #201A-17220 Stony Plain Road, Edmonton, AB T5S 1K6 Attn: Privacy Office. (10132010)

Signature of Applicant:

Title:

Date:

X \_\_\_\_\_

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X \_\_\_\_\_

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\*PLEASE NOTE WE CAN NOT ACCEPT DIGITAL SIGNATURES