

Application for Credit

Representative _____

Phone _____

Fax: (403)279-2178

GENERAL	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)						MARITAL STATUS MAR UNMAR SEPARATED			SPOUSE'S FIRST NAME		NUMBER OF DEPENDENTS		
	IF LESS THAN 3 YEARS, GIVE PREVIOUS ADDRESS							EMAIL					CELLPHONE	
BUSINESS	NAME UNDER WHICH YOU DO BUSINESS				STYLE OF BUSINESS Partnership Individual Corporation				COUNTY IN WHICH EQUIPMENT WILL BE KEPT					
	PRINCIPAL BUSINESS ADDRESS						TOWN		PROVINCE		COUNTY		POSTAL CODE	
	DESCRIPTION OF EQUIPMENT TO BE FINANCED				TERM & TYPE OF PAYMENT				COST OF EQUIPMENT					
	IS PRINCIPAL USE OF EQUIPMENT TO PRODUCE INCOME? YES NO		TYPE OF USE	FARM %	CUSTOM %	INDUS/CONSTR %	COMMERCIAL %	FAMILY/HOUSE/PERSONAL %	OTHER: (describe) %					
	IF EQUIPMENT IS FOR FARM USE		DO YOU FARM: FULL TIME PART TIME		HOW LONG HAVE YOU FARMED?		# OF ACRES? OWNED RENTED		# OF ACRES CULTIVATED?					
INCOME	INCOME		INCOME PER MONTH \$		YEARLY INCOME \$		INCOME SOURCE (name, address, phone of employer - if applicable)					HOW LONG		
	SEASONAL (ESTIMATED)						INCOME OTHER THAN CROPS							
			KIND OF CROP		# 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: Joint Individual							
STATEMENT AS OF _____, 20__														
ASSETS AND LIABILITIES	ASSETS						LIABILITIES							
	Cash						\$		Owe Bank		Monthly Pmt \$		TOTAL = \$	
	Receivables						\$		Secured by:				\$	
	Stocks, Bonds, Certificates of Deposit, etc.						\$		Owe:				\$	
	Machines and Equipment						\$		At:					
	# of Autos _____ and # of Trucks _____						\$		Secured by:					
	Livestock (Type: _____)						\$		Owe on Real Estate: Mortgage Contract for Deed				\$	
	Crops for Sale (Type: _____)						\$		Held by:					
	Buildings (Type: _____)						\$		Owe on Machinery and Equipment: To ACC:				\$	
	Number of Acres Owned _____ Value \$ _____						\$		To Others:				\$	
	Located:								Owe on Lease Obligations				\$	
									Describe Leased Asset:					
Other Assets:								Owe on Autos and Trucks				\$		
								Owe Others				\$		
Total Assets						\$		Secured by:						
								Total Liabilities				\$		
SIGNATURE	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., Credicor 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 the parties and/or Guarantor(s) reside in Quebec, you have been remitted a French language Agreement, the "Credit Application" and subsequently you have expressly requested that this Application, and all documentation in connection herewith, be drawn up in the English language. Si les parties et/ou le Garant(s) résident au Québec, nous vous avons remis une version française du demande de crédit et, subséquemment, vous avez expressément demandé que le présent application ainsi que toute documentation s'y rattachant soient rédigés en langue anglaise. 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. (JAN2024)													
	SIGNATURE OF CLIENT(S)										DATE			