

Rep Name: Dean Behiels

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: \_\_\_\_\_

**Net Worth**

<b>Assets</b>		<b>Liabilities</b>	
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	_____
Other	_____	Other Obligations	_____
Other	_____	Other:	_____
Other	_____	Other:	_____
<b>Total Assets</b>	_____	<b>Total Liabilities</b>	_____

Personal Net Worth (Assets – Liabilities)    \$ \_\_\_\_\_

Additional: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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, le "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 Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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



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