



Through



Credit Application

Rep Name: **Russell Scriba**

Rep Phone: 780-414-1303

Fax #: 877 414 0615

Company

Full Legal name			Operating as		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	In Business Since		# of employees
Address Including Postal Code					
Website			Email		
Phone	Fax	Cell	Contact		
Nature of Business			Average Monthly Income \$		
Reason for Equipment Acquisition					

Principal/Personal Information ***If more than one shareholder, fill separate application for each shareholder***

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

Bank	Branch	How long?	
Contact	Phone	Fax	Account #

Bank

Equipment to be Leased

Description including Year, Make, Model etc		New <input type="checkbox"/>	Used <input type="checkbox"/>
Cost \$	Term	Vendor	
Representative	Phone	Fax	

The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize the following entities: 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 #205, 10471 - 178St. Edmonton, AB T5S 1R5 Attn: Privacy Office. (10132010)

Signature of Applicant:

Title:

Date:

X _____

X _____
