



# LEASE LINK

## CANADA CORP.

### Credit Application

Please return by fax to  
GlenWalsh at (604) 990-9675  
or call (604) 982-3015

#### Company

Full Legal Name		Operating As	
Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/>		In Business Since (Month/Year)	# of Employees
Address including Postal Code			
Website		E-mail	
Phone ( ) ( )	Fax ( ) ( )	Cell ( ) ( )	Contact
Nature of Business		Average Monthly Income \$	
Reason for Equipment Acquisition			

#### Principal/Personal Information

1. Full Name	Date of Birth (dd/mm/yy)	SIN #	
Address	How Long?	Own or Rent?	Value \$      Mtg. Balance \$
City, Province	Postal Code	Home Phone ( ) ( )	
Previous Employment	How Long?		
2. Full Name	Date of Birth (dd/mm/yy)	SIN #	
Address	How Long?	Own or Rent?	Value \$      Mtg. Balance \$
City, Province	Postal Code	Home Phone ( ) ( )	
Previous Employment	How Long?		

#### Equipment to be leased

Description including Year Make Model etc.			
Cost \$	Term	Vendor	
Representative	Phone ( ) ( )	Fax ( ) ( )	
Address including Postal Code		Website/E-mail	

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.

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



**LEASE LINK**  
CANADA CORP.

**PERSONAL NET WORTH STATEMENT**

Name \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 How Long \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 S.I.N.#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Years of Experience \_\_\_\_\_

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash / Short Term Investments		Bank Loans	
RRSP's		Credit Cards	
Stocks & Bonds		Taxes Payable	
Principal Residence		Mortgage on Principal Residence	
Recreational Property		Mortgage on Recreational Property	
Investment Property		Mortgage on Investment Property	
Automotive Assets		Automotive Loans	
Notes Receivable		Notes Payable	
Cash Surrender Value of Life Insurance Policies		Other:	
Business Equity		Other:	
Other:		Other:	
<b>Total Assets</b>	<b>\$0.00</b>	<b>Total Liabilities</b>	<b>\$0.00</b>

**YOUR NET WORTH (Total Assets less Total Liabilities):** \$0.00

Have you ever claimed bankruptcy?  No,  Yes. If yes discharged when? \_\_\_\_\_

Are any of the assets listed above, pledge as security elsewhere?  No,  Yes \_\_\_\_\_

Are you a guarantor, Co-Signer, Co-Obligator on anyone's debt(s)?  No,  Yes \_\_\_\_\_

Are there any legal actions, suits or judgements against you?  No,  Yes \_\_\_\_\_

Are your income taxes for previous years fully satisfied?  No,  Yes \_\_\_\_\_

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**PLEASE RETURN BY FAX TO 604-990-9675 Attention: Glen Walsh**

**Date Signed:** \_\_\_\_\_ **Signature:** \_\_\_\_\_