LEASE·LINK
a Credicor company

Credit Application

Rep Name:_____ Fax #:_____

Company

_____
Full Legal Name

Corporation ☐　　　Proprietorship ☐　　　Partnership ☐

_____
Address Including Postal Code

_____
Website

_____
Phone　　　　　　Fax　　　　　　　Cell

_____
Nature of Business

_____
Reason for Equipment Acquisition

_____
Operating As

In Business Since:_____　# of employees:_____

_____
Email

_____
Contact

_____
Average Monthly Income

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

_____
Full Name　　　　　　Date of Birth (mm/dd/yy)　　SIN #　　　Home Phone

_____
Address Including Postal Code　　　　　　　　　　　　Cell Phone

Own ☐　　　Rent ☐
_____
Value　　　　　　Mortgage Balance　　　　% of ownership

_____
How long at address?　　Previous Employment　　How long at previous employment?

Bank

_____
Bank　　　　　　Branch　　　　　　　How long?

_____
Contact　　　　　Phone　　　Fax　　　Account #

Equipment to be Leased

_____ New ☐　Used ☐
Description including Year, Make, Model etc

_____
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: 7964927 Canada Inc., Lease Link Canada Corp., Varion 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 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 #205, 10471 – 178St. Edmonton, AB T5S 1R5 Attn: Privacy Office. (07202012)

Signature of Applicant:　　　　　**Title:**　　　　　**Date:**

_____　_____　_____

_____　_____　_____

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