



PERSONAL NET WORTH STATEMENT - AGRICULTURE

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

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash		Line of Credit Limit Limit: \$ _____	
Receivables		C.W.B. Advance	
Market Livestock		Other Cash Advances	
Crops for sale		Farm Accounts Payable	
Autos and Trucks		Owed on Autos and Trucks	
Breeding Livestock		Owed on Livestock	
Machinery and Equipment		Owed on Machinery And Equipment	
Buildings		Owed on Real Estate	<input type="checkbox"/> Mortgage <input type="checkbox"/> Contract deed
Land Value		Owed on Lease Obligations and other farm loans	
Other farm assets (NISA, Quota, Etc)		Personal Loans, Credit Cards, and other personal debts	
Personal Assets (RRSPs, Stocks, Bonds, Etc)		Income Taxes	
		Other Expenses	
TOTAL ASSETS:	\$	TOTAL LIABILITIES:	\$

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 judgments against you? No, Yes _____

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

The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize the following entities: Varion Capital Corp., Lease Link Canada 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. (12152008)

~~PLEASE RETURN BY FAX TO (877) 414-0615- Attention: Credit Department~~

Date Signed: _____ Signature: _____