



LEASE LINK

CANADA CORP.

Credit Application

Please return by fax to _____
at _____
or call _____

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 _____