



LEASE LINK

CANADA CORP.

Credit Application

Please return by fax to
Graham Christie at 604-990-9675
 or call 604-729-2053

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?	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?	Mtg. Balance \$
City, Province		Postal Code	Home Phone ()	
Previous Employment		How Long?		

Bank

Bank	Branch	How Long?
Contact	Phone and Fax	Account #

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 Equipment Finance Corp., Lease Link Canada Corp. Medi Credit a division of Lease Link Canada 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. (10132005)

Signature of Applicant:	Title:	Date:
X _____	_____	_____
X _____	_____	_____