



Phone: 780-460-9849

FAX: 780-460-8248

Legal Business Name		Operating as (if applicable)		Year End	Years in business
Mailing Address		City / Town		Province	Postal Code
Phone #	Cell #	Fax #		Email Address	
Principal Name (s)		Bank	A/R	Industry	Annual Revenue

Commercial Assets	Approx. Value	Approx. Balance	Financed With

Personal Statement

Applicant's Name		S.I.N #	Date of Birth (m/d/y)		Home Phone #	
Home Address		City / Town		Prov.	Postal Code	# of years mo. payment
Cell Phone #	Previous Address (if less than 2 yrs)		City / Town		Prov.	Spouse Name

Personal Assets	Approx. Value	Personal Liabilities	Approx. Balance
Home		Mortgage	
Other real estate		other mortgage	
Vehicle(s) (total)		Vehicle(s) loan/lease (total)	
Cash		Line of credit	
RRSP's		Other (specify)	
Stocks, Bonds, Investments			
Other (specify)			
TOTAL		TOTAL	

PRIVACY: WE THE UNDERSIGNED HEREBY AUTHORIZE Yellowhead Equipment Finance Ltd., INCLUDING ANY PROPOSED ASSIGNEE (HEREINAFTER REFERRED TO AS "YOU", AND YOUR") OF ANY FINANCING TRANSACTION BETWEEN US AND YOU IN CONNECTION WITH THIS CREDIT APPLICATION, TO COLLECT, USE, AND DISCLOSE CERTAIN PERSONAL AND BUSINESS INFORMATION FROM AND ABOUT US ("INFORMATION"). YOU MAY COLLECT INFORMATION FROM AND/OR DISCLOSE INFORMATION TO YOUR AGENTS, AFFILIATES, THIRD PARTY SERVICE PROVIDERS, CREDIT BUREAUS, CREDIT REPORTING AGENCIES, OTHER CREDIT GRANTORS, FINANCING PARTNERS, AND/OR ANY PERSON WE HAVE OR PROPOSE TO HAVE FINANCIAL RELATIONS WITH AS WELL AS THIRD PARTIES WHO WISH TO BECOME INVOLVED IN THE SYNDICATION OF A LOAN, LEASE, OR OTHER INVESTMENT IN WHICH INFORMATION IS RELEVANT, OR WHO ARE INVOLVED IN RISK ASSESSMENT OR DUE DILIGENCE IN THE CONTEXT OF A FINANCIAL TRANSACTION OR PROPOSED FINANCIAL TRANSACTION. WE ALSO AUTHORIZE ANY PERSON WHOM YOU MAY CONTACT IN THIS REGARD TO PROVIDE INFORMATION TO YOU. WE ACKNOWLEDGE THAT YOU OR YOUR FINANCING PARTNERS MAY TRANSFER AND STORE INFORMATION TO JURISDICTIONS WHERE YOU OR YOUR FINANCING PARTNERS DO BUSINESS. AS A RESULT, INFORMATION MAY BE ACCESSIBLE TO REGULATORY AUTHORITIES IN ACCORDANCE WITH THE LAWS OF THESE JURISDICTIONS. YOU MAY COLLECT, USE, AND DISCLOSE OUR SOCIAL INSURANCE NUMBERS OR OTHER PERSONAL IDENTIFIERS TO VERIFY AND REPORT CREDIT INFORMATION TO CREDIT BUREAUS OR CREDIT REPORTING AGENCIES AS WELL AS TO CONFIRM OUR IDENTITIES. YOU MAY OBTAIN CREDIT REPORTS FROM EQUIFAX CANADA INC., BOX 190 STATION JEAN TALON, MONTREAL, QUEBEC H3S 2Z2, WITH TELEPHONE 1-800-465-7166. YOU MAY GIVE INFORMATION ABOUT US TO YOUR FINANCING PARTNERS SO THAT THEY MAY TELL US DIRECTLY ABOUT THEIR PRODUCTS AND SERVICES. WE UNDERSTAND THAT OUR CONSENT TO THIS IS NOT A CONDITION OF DOING BUSINESS WITH YOU AND WE MAY WITHDRAW IT AT ANY TIME. BY CHOOSING TO PROVIDE YOU WITH INFORMATION, WE ARE CONSENTING TO ITS USE IN ACCORDANCE WITH PIPEDA, THE PERSONAL INFORMATION PROTECTION AND ELECTRONIC DOCUMENTS ACT AT [HTTPS://WWW.PRIV.GC.CA/EN/PRIVACY- TOPICS/PRIVACY-LAWS-IN-CANADA/THE-PERSONAL-INFORMATION-PROTECTION-AND-ELECTRONIC-DOCUMENTS-ACT-PIPEDA/](https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/) OR APPLICABLE PROVINCIAL LAW OR ACT.

X

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Applicant Signature

Date