

# Pacific Sun Leasing Ltd.



**Email to: brian@pacsunleasing.com**  
Or fax 250-491-1209

**Attn: Brian Grant**  
Cell-250-868-9852

<b>Date:</b>	<b>Equipment, (Include, year, make, model, hours)</b>	
<b>Cost: \$</b> <span style="float: right;"><b>pre tax</b></span>	<b>Vendor:</b>	<b>Vendor Address:</b>
<b>Term:</b>	<b>Vendor Rep:</b>	

**COMPANY INFORMATION**

<b>Full Legal Name</b>		<b>Phone No.</b>	
<b>Operating Name</b>		<b>Contact:</b>	
<b>Ltd Company</b>		<b>Address</b>	
<b>Proprietorship</b>		<b>City &amp; Province</b>	<b>Email</b>
			<b>Postal Code</b>
<b>Partnership</b>		<b>In Business Since</b>	<b>Type of Business</b>
			<b># of Employees</b>

**PRINCIPAL/PERSONAL INFORMATION**

**(Complete if under 3 years in Business or Proprietorship)**

<b>Full Name</b>		<b>DOB</b>	<b>MTH</b>	<b>DAY</b>	<b>YR.</b>	<b>Social Insurance Number</b>
<b>Street Address</b>		<b>City, Province</b>	<b>Postal Code</b>		<b>Phone No.</b>	
<b>Background / Previous Experience</b>						
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THE UNDERSIGNED AGREES THAT PACIFIC SUN LEASING LTD OR ITS DESIGNATED AGENTS, INCLUDING DE LAGE LANDEN FINANCIAL SERVICES CANADA INC. ("We" , "Us" or "Our") MAY COLLECT, USE AND DISCLOSE CERTAIN PERSONAL AND BUSINESS INFORMATION ("INFORMATION") FROM YOU AND ABOUT YOU. INFORMATION MAY BE COLLECTED FROM AND DISCLOSED TO OUR AGENTS, AFFILIATES, THIRD PARTY SERVICE PROVIDERS, CREDIT BUREAUS, CREDIT REPORTING AGENCIES, OTHER CREDIT GRANTORS, ANY PERSON YOU 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 YOUR INFORMATION IS RELEVANT, OR WHO ARE INVOLVED IN RISK ASSESSMENT, RISK MANAGEMENT, OR DUE DILIGENCE IN THE CONTEXT OF A FINANCIAL TRANSACTION OR PROPOSED FINANCIAL TRANSACTION. YOU ALSO AUTHORIZE ANY PERSON WHOM WE CONTACT IN THIS REGARD TO PROVIDE SUCH INFORMATION TO USE. YOU ACKNOWLEDGE THAT WE MAY TRANSFER YOUR INFORMATION TO COUNTRIES IN THE WORLD WHERE WE DO BUSINESS. AS A RESULT, YOUR INFORMATION MAY BE ACCESSIBLE TO REGULATORY AUTHORITIES IN ACCORDANCE WITH THE LAWS OF THESE JURISDICTIONS. WE MAY COLLECT, USE AND DISCLOSE YOUR SOCIAL INSURANCE NUMBER OR OTHER PERSONAL IDENTIFIERS TO VERIFY AND REPORT CREDIT INFORMATION TO CREDIT BUREAUS OR CREDIT REPORTING AGENCIES AS WELL AS TO CONFIRM YOUR IDENTITY. WE MAY OBTAIN CREDIT REPORTS FROM EQUIFAX CANADA INC., BOX 190 STATION JEAN TALON, MONTREAL, QUEBEC. H1S 2Z2, WITH TELEPHONE 1-800-465-7166. YOUR CONSENT TO THIS IS NOT A CONDITION OF DOING BUSINESS WITH US AND YOU MAY WITHDRAW IT AT ANY TIME. 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 1-250-491-1209 (ATTN: PRIVACY OFFICE) OR MAIL TO 101 – 151 COMMERCIAL DRIVE, KELOWNA, B.C. V1X 7W2 ATT: PRIVACY OFFICE

**Signature of applicant:**

**Title:**

**Date:**

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_