

Pacific Sun Leasing Ltd.



Email to: brian@pacsunleasing.com

Or fax 250-868-8143

Attn: Brian Grant

Cell-250-868-9852

Date:	Equipment, (Include, year, make, model, hours)		
Cost: \$	pre tax	Vendor:	Vendor Address:
Term:	Vendor Rep:		

COMPANY INFORMATION

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

PRINCIPAL/PERSONAL INFORMATION

(Complete if under 3 years in Business or Proprietorship)

Full Name	DOB	MTH	DAY	YR.	Social Insurance Number
Street Address	City, Province	Postal Code		Phone No.	
Background / Previous Experience					
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THE UNDERSIGNED AGREES THAT PACIFIC SUN LEASING LTD OR ITS DESIGNATED AGENTS, . ("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 2565 ALBERTA COURT, KELOWNA, B.C. V1W 2X8 ATT: PRIVACY OFFICE

Signature of applicant:

Title:

Date:

X _____

X _____

X _____