

# Pacific Sun Leasing Ltd.

**Please return FAX at (250) 491-1209      Leasing Representative:**

Or call 1-250-491-9586 ext 210 for more information

<b>Date:</b>	<b>Equipment, (Include, year, make, model, hours)</b>	
<b>Cost:</b> \$                      pre tax	<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> .						

**BANK REFERENCES**

<b>Bank</b>	<b>Branch</b>	<b>How Long</b>
<b>Contact</b>	<b>Phone / Fax No.</b>	<b>Account #</b>

THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND CORRECT. BY SIGNING BELOW I CONSENT AND AUTHORIZE THE FOLLOWING ENTITY: PACIFIC SUN LEASING LTD (HEREINAFTER COLLECTIVELY KNOWN AS PACIFIC SUN LEASING) 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, LEASING BROKERS, AND CREDIT GRANTORS, ON AN ON-GOING BASIS) ANY OF MY CREDIT, FINANCIAL AND PERSONAL INFORMATION THAT INTERCITY DEEMS NECESSARY TO COMPLETE, SERVICE OR ENFORCE ANY LEASE, ANCILLARY DEED OR TRANSACTION, INCLUDING BUT NOT LIMITED TO ASSIGNMENTS AND SECURITIZATIONS.

YOU AUTHORIZE PACIFIC SUN LEASING TO COLLECT, HOLD, EXCHANGE AND DISCLOSE YOUR PERSONAL INFORMATION AS REQUESTED IN ORDER TO ADMINISTOR YOUR CONTRACT & DETERMINE YOUR INSURANCE ELIGIBILITY AS REQUIRED OR PERMITTED BY LAW. YOU ALSO AUTHORIZE INTERCITY 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 COMMENT REGARDING IT'S APPLICATION PLEASE FAX 1-250-491-1209 (ATTN: PRIVACY OFFICE) OR MAIL TO # 101- 151 COMMERCIAL DRIVE, KELOWNA, B.C. V1X 7W2 ATTN: PRIVACY OFFICE.

**Signature of applicant:**

**Title:**

**Date:**

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_