

Pacific Sun Leasing Ltd.

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

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

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 .						

BANK REFERENCES

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

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:** _____
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