



OPEN CREDIT LEASE APPLICATION

Asset Capital Lease
North America Finance Group
 Suite, 3352, 11215 – Jasper Ave.
 Edmonton AB Canada T5K 0L5
 Phone 780-906-4775 Fax 780-669-7087

PRINCIPAL(S) NETWORTH STATEMENT

PRINCIPALS NAME			HOME/CELL PHONE	
RESIDENCE ADDRESS			HOME FAX	
CITY	STATE / PROV	ZIP / POSTAL CODE	E-MAIL	
DATE OF BIRTH	EMPLOYER	SINCE	SIS/SSN	
SPOUSE NAME	EMPLOYER	SINCE	SIN/SSN	

ASSETS

LIABILITIES

CASH (SAVINGS AND CHEQ.)	PERSONAL LOANS
TERM DEPOSITS/BONDS/GIC'S	INCOME TAX PAYABLE
STOCKS-CURRENT VALUE	OTHER
LIFE INSURANCE (FACE VALUE)	VEHICLE(S) LOAN(S)
REGISTERED PENSIONS	MORTGAGE 1
VEHICLE(S)	MORTGAGE 2
HOUSEHOLD	
TOTAL ASSETS	TOTAL LIABILITIES
	NET WORTH

ANNUAL INCOME

ANNUAL EXPENDITURES

SALARY	TAXES (PERSONAL & PROPERTY)
DIVIDENDS/INTEREST	RENT/MORTGAGES
RENTALS	INSURANCE PREMIUMS
OTHER	OTHER
TOTAL	TOTAL

AUTHORIZATION

I / WE hereby certify that the statement of my property and debts above showing a Net Worth of _____ is a true one; that my real estate, chattels, etc. are entered at a fair valuation and that expect as expressly stated above, my chattels are free from encumbrances.

I / WE have applied to lease or finance equipment. I / We authorize Asset Capital Corp. or its assigns to investigate the references listed above, or other credit data, including reports from credit reporting agencies which may be required as a part of its normal credit approval procedures and authorize that any such information requested may be released by telephone. I/we certify that all the information in this application is true and complete. I/we acknowledge that all the personal information gathered may be used by Asset Capital Corp., its funders, agents, successors and/or assigns to assess my credit worthiness, provide products, administrate the lease(s), and/or other contracts and to perform services as may be requested by me/us. Asset Capital Corp. may also disclose my personal information to third parties such as, but not limited to, credit reporting agencies, financial institutions, financing companies and my/our insurance agent or company. Asset Capital Corp. may also disclose my personal information where it is required or permitted by law to do so. By executing this document below, I/we have consented to these uses and disclosures and affirm that this certificate applies and pertains to future applications from me/us to Asset Capital Corp. successors and/or assigns as these may evolve from time to time.

X _____	_____	_____
AUTHORIZED SIGNATURE	PRINT NAME AND TITLE	DATE
X _____	_____	_____
AUTHORIZED SIGNATURE	PRINT NAME AND TITLE	DATE

Fax This Application to 780-669-7087
 www.assetcapitallease.com

Thank You For Your Business
 apps@assetcapitallease.com



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CONSENT AND AUTHORIZATION RESPECTING PERSONAL INFORMATION

You confirm that the information you have given us in respect of this application is true and complete, and you authorize us to rely on and use this information in order to confirm your identity, evaluate your credit worthiness, in relation to the proposed financing contract being entered into. In particular, you agree that we, our affiliates and any third parties acting for us or on our behalf (hereinafter collectively "us", "we" or "our"), may obtain a credit report or other credit information from any credit reporting agency, credit bureau or credit grantor, and may hold, use, exchange and disclose such information for the purposes identified above.

If your application is approved, you authorize us to collect, hold, use, exchange and disclose your personal information as required, in order to administer your contract, determine your insurance eligibility, and secure the assets being financed, or as required or permitted by law.

You also authorize us to use your personal information for internal statistical analysis purposes.

We will keep a file containing some or all of your personal information at our office location from time to time.

You have a general right to access and rectify the personal information in this file by making a written request to the above address.

X _____	_____	_____
AUTHORIZED SIGNATURE	PRINT NAME AND TITLE	DATE

X _____	_____	_____
AUTHORIZED SIGNATURE	PRINT NAME AND TITLE	DATE