

RETURN COMPLETED, SIGNED AND DATED APPLICATION TO ATTN: Ryan
E-mail: ryan@patronwest.com | Fax: 866-435-4143
APPLICANT(S) INFORMATION

FULL NAME		S.I.N.#	DATE OF BIRTH (M/D/Y)		% OF OWNERSHIP
HOME ADDRESS-Physical Address (Municipal or legal)		CITY	PROVINCE	POSTAL CODE	
MOBILE PHONE	EMAIL ADDRESS		Previous bankruptcy Yes ___ No ___		
2 ND OWNER-Complete Only If Spouse		S.I.N.#	DATE OF BIRTH (M/D/Y)		% OF OWNERSHIP
HOME ADDRESS-Physical Address (Municipal or legal)		CITY	PROVINCE	POSTAL CODE	
MOBILE PHONE	EMAIL ADDRESS		Previous bankruptcy Yes ___ No ___		

BUSINESS INFORMATION

FULL LEGAL NAME		TRADE NAME (if applicable)			
BUSINESS ADDRESS- Physical Address (Municipal or legal)		CITY	PROVINCE	POSTAL CODE	
BUSINESS MAILING ADDRESS		CITY	PROVINCE	POSTAL CODE	
BUSINESS PHONE		BUSINESS EMAIL			
NAME OF ACCOUNTING FIRM		CONTACT NAME		PHONE	
Is the business involved in any judgements and/or legal proceedings Yes ___ No ___					

NET WORTH

ASSETS		LIABILITIES	
DESCRIPTION	VALUE	DESCRIPTION	VALUE
Home-Personal Residence	\$	Mortgage	\$
Additional real-estate	\$	Mortgage	\$
Investments/Savings/RRSP	\$	Credit Cards	\$
Cash	\$	Loans/Line of credit	\$
Other-Specify:	\$	Other-Specify:	\$
Total Assets		Total Liabilities	
	\$		\$

EQUIPMENT (Trucks, Trailers, Equipment etc.)

DESCRIPTION (Year/Make/Model)	VALUE	BALANCE OWING	FINANCED WITH
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Total Equipment Value		\$	\$

The undersigned certifies the above information to be true and accurate and furthermore consents to Patron West Incorporation ("PWI") and/or its "assignees" to the collection, use, disclosure to its affiliates, credit bureaus, reporting agencies, financial institutions and businesses with whom each of the undersigned has had financial relationships and other references provided in support of this application (and disclosure by these parties PWI and its "assignees"), of the information provided herein and credit and financial information obtained from the above sources for the purposes of obtaining and using a credit information report and verifying current and ongoing creditworthiness of each of the undersigned and other information provided in connection with this application. PWI and its "assignees" may disclose credit and financial information connected with this application to future creditors and lenders that request credit references. SIN's (if provided) and other personal identifiers will be used solely for matching of credit bureau/reporting agency information and/or verifying the identity of the undersigned. The undersigned consents to the collection, use and disclosure of personal information by PWI and its "assignees" and the persons referred to in the related lease, finance or rental agreement for the above purposes and the purposes described in the related lease, finance or rental agreement. PWI will keep a file containing some or all of your personal information at Unit 1400-10665 Jasper Ave. NW Edmonton AB T5J 3S9, additional files may be stored at the offices of the "assignees".

Signature of Applicant: X _____ **Date:** _____ **Credit Release Authorized**
Signature of Applicant: X _____ **Date:** _____ **Credit Release Authorized**