



Phone (403) 216-1930

Lease Application

Mount Royal Executive Centre
#400, 909 – 17th Ave S.W.
Calgary, Alberta. T2T 0A4

LEGAL NAME OF BUSINESS			
BUSINESS ADDRESS	CITY/PROVINCE	POSTAL CODE	
CONTACT NAME		TITLE	
PHONE	CONTACT'S EMAIL	BUSINESS WEBSITE	
TYPE OF BUSINESS	ANNUAL INCOME	YEARS IN BUSINESS	NO. OF EMPLOYEES

OWNERSHIP... (circle one)
 CORPORATION PARTNERSHIP PROPRIETORSHIP OTHER (SPECIFY) _____

GUARANTORS' OR PRINCIPALS' INFORMATION

For proprietorships and partnerships and any business less than 3 years, all principals should provide the following personal information.

FULL LEGAL NAME		SOCIAL INSURANCE NUMBER	
DATE OF BIRTH (M/D/Y)	PHONE	ANNUAL INCOME	
HOME ADDRESS		CITY/PROVINCE	POSTAL CODE
HOME VALUE \$ _____	MORTGAGE BALANCE \$ _____		

(circle one) HAVE YOU EVER DECLARED BANKRUPTCY? _____
 RENT OWN HOW LONG? _____ MONTHLY RENT/MORTGAGE \$ _____
 INCOME FROM OUTSIDE \$ _____ OUTSIDE EMPLOYER NAME _____ POSITION _____

EQUIPMENT TO BE LEASED

SUPPLIER	Neuronix Inc.	CONTACT	Yuri Sokolov, President
PHONE	Toll-free 1-833-449-7979	FAX	613-253-5521
EQUIPMENT DESCRIPTION		EQUIPMENT (circle) NEW USED	
TOTAL AMOUNT TO BE FINANCED	TERM REQUESTED (# OF MONTHS)		
\$			

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 CREDIT WORTHINESS, IN RELATION TO THE FINANCING CONTRACT BEING ENTERED INTO IN PARTICULAR, YOU AGREE THE 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 DISCLOSE SUCH INFORMATION FOR THE PURPOSE 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 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 200 7909 FLINT RD SW, CALGARY, AB T2H 1G3 FROM TIME TO TIME. YOU HAVE A GENERAL RIGHT OF ACCESS AND RECTIFY THE PERSONAL INFORMATION IN THIS FILE BY MAKING A WRITTEN REQUEST TO THE ABOVE ADDRESS, ATTENTION: PRIVACY OFFICE.

Applicant Signature: _____ **Date:** _____