Please return to: Robet Tanner

PHONE: (403) 860-4437 FAX: (403) 517-7577



PRINCIPAL'S INFORMATION

1) Full Legal Name:	Date of Birth:			Social Ins No	o:		
			Year	Month	Day		1 1
Home Street Address:				Home Telep	hone #:		
City: Province:			Postal Cod			Present Res	idence
					Own Rent Other		
Email Address: Cell Phone #				Est. Residence Value:		Est. Monthly Income:	
Spouse's Name: Occupati		Occupation:		Annual Combined Income:		Social Ins No:	
Sponso summer				\$			
NEXT OF KIN							
Nearest Relative (not living with y	Relation to Applicant:			Home Phone #			
,,,,,							
Street Address: City:			Province: Po		tal Code:	() Cell Phone #	1
Street Address.			Province. Postar Code.			Cen Phone #	
						()	
PERSONAL NET WORTH STATEMENT: ASSETS LIABILITIES							
ASSETS Current Value						Owing	Monthly Payment
Primary Residence:	\$		Primary Mor	tgage and/or	\$	Cwing	\$
Timury Residence.			Rent Payments		,		Y
Other Real Estate:	\$			1ortgage	\$		\$
Cash in Bank:	\$		Taxes: (in	come/real	\$		\$
	T		est	ate)			
Vehicles /Equipment: Year /Make /Model			Vehicle lo	oan/lease	\$		\$
real /Iviake /Iviouei	\$		Credit Cards	(total owing)	Ś		\$
	•				•		
	\$			ayments	\$		\$
	\$		Est. Living	Expenses	\$		\$
Other Assets (Specify):			Other Li	abilities:			
	\$				\$		\$
	\$				\$		\$
Retirement Savings	\$		Persona	al Loans	\$		\$
Stocks & Bonds	\$				\$		\$
Total Assets	\$		T	otal Liabilities	\$		\$
NET WORTH (Total Assets r	minus Total Li	abilities) = \$			<u>l</u>		I
Leasing Inc. may require at any time in	connection with con, credit agency, leand agree with the	redit hereby applied ase broker(s) or cred above terms and o	for, and I/We herbit grantor to componditions." I cons	by authorize Clear Cap ile, furnish and disclos sent to Clear Capital Le	oital Leasing Inc. se such informati easing collecting	and its affiliates on as maybe red , using and disc	anter such information as Clear Capital (The hereinafter collectively known as quired to approve the credit application closing personal information in this
Applicant Signature: Date:							
Applicant Signature:				Date:			