



# Originator Application

Please return by fax to: Credit at 888-835-9757  
or E-Mail to: Credit@AccordFinancial.net

BUSINESS DETAILS					
Full Legal Name:			Operating As:		
<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership			In Business Since (Month/Year):		
Address including Postal Code:					
Work #: (    )		Fax #: (    )		Primary Contact:	
Credit Contact:		Funding Contact:		Accounting Contact:	
E-Mail For Credit Notifications:			E-Mail For Funding Notifications:		
Requested Products:	Leases? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Loans / LSA? <input type="checkbox"/> Yes or <input type="checkbox"/> No	AccordAccess? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Monthly Fundings with Accord	Leases: \$	Loans / LSA: \$	AccordAccess: \$		
Shareholder / Officer / Director #1 (ownership must total 100%)					
Full Legal Name:		Date of Birth (mm/dd/yyyy):		SIN #	
Address including Postal Code:					
<input type="checkbox"/> Own or <input type="checkbox"/> Rent              Property Value:		Mortgage Balance:		E-Mail Address:	
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes or <input type="checkbox"/> No				If yes, when?    Month:        Year:	
Home Phone: (    )		Mobile Phone: (    )		Ownership Percentage (of applicant)?	
Shareholder / Officer / Director #2 (ownership must total 100%)					
Full Legal Name:		Date of Birth (mm/dd/yyyy):		SIN #	
Address including Postal Code:					
<input type="checkbox"/> Own or <input type="checkbox"/> Rent              Property Value:		Mortgage Balance:		E-Mail Address:	
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes or <input type="checkbox"/> No				If yes, when?    Month:        Year:	
Home Phone: (    )		Mobile Phone: (    )		Ownership Percentage (of applicant)?	
Shareholder / Officer / Director #3 (ownership must total 100%)					
Full Legal Name:		Date of Birth (mm/dd/yyyy):		SIN #	
Address including Postal Code:					
<input type="checkbox"/> Own or <input type="checkbox"/> Rent              Property Value:		Mortgage Balance:		E-Mail Address:	
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes or <input type="checkbox"/> No				If yes, when?    Month:        Year:	
Home Phone: (    )		Mobile Phone: (    )		Ownership Percentage (of applicant)?	
ADDITIONAL INFORMATION ABOUT THE APPLICANT					
Total # of Employees:		Total # of Sales People:		Annual Funding Volume:	
Primary Markets Served:		Average Transaction Size:		Average Term:	
Origination Channels:	Vendor:        %	End User:        %	Other Brokers:        %	Online:        %	
Have you ever been cut-off by another Funder Source? <input type="checkbox"/> Yes or <input type="checkbox"/> No - if yes, details:					
FUNDER REFERENCES					
Name:		Contact:		Dealing Since?:	
Name:		Contact:		Dealing Since?:	
Name:		Contact:		Dealing Since?:	
Name:		Contact:		Dealing Since?:	
<p>The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize Varion Capital Corp. DBA Accord Financial ("Accord") 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, credit exchanges, leasing brokers, and credit grantors, on an on-going basis) any of my credit, financial, and personal information that Accord deems necessary to complete, service or enforce any lease, ancillary deed or transaction, including but not limited to assignments and securitizations. You authorize us to collect, hold, exchange and disclose your personal information as requested in order to administer your contract &amp; determine your insurance eligibility as required or permitted by law. You also authorize us 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 comments regarding it's application please fax 1-888-835-9757 (Attn: Privacy Office) or mail #305-889 Harbourside Drive, North Vancouver, BC V7P 3S1 Attn: Privacy Office.</p>					
Signatures:			Date:		
X _____ (Principal of Applicant #1)			_____		
X _____ (Principal of Applicant #2)			_____		
X _____ (Principal of Applicant #3)			_____		