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TOLL FREE FAX: 1.855.827.5439

PERSONAL INFORMATION

First Name, Middle Initial and Last Name:			Date of Birth (Mon/Day/Yr):		SIN #:	
Home Address:			City:		Province:	Postal Code:
Home Phone Number:	Mobile Phone Number:	Email Address:		How Long at Present Address?		
Own/Rent/Other:	Mortgage/Rent Month \$: _____	Mortgage Amount Owing \$: _____	Estimated Market Value \$: _____		Mortgage Held By:	
If Less Than 2 Years at Current Address, Please List Previous Address:				Marital Status:		Number of Dependents:
Spouses Name (if applicable):		Date of Birth:		SIN #:	Occupation:	

BUSINESS/SELF EMPLOYMENT INFORMATION

Full Legal Business Name:			Business Operating or Trade Name:			
Year Established:	Type of Business:	Annual Revenue: \$ _____	Insurance Agent's Name:		Insurance Agent's Phone # or Email:	
Business Address:			City:		Province:	Postal Code:

ASSETS	VALUE	LIABILITIES	AMT OWING	PMT/MNTH
Primary Residence	\$ _____	Mortgage	\$ _____	
Other Real Estate	\$ _____	Other Mortgage	\$ _____	
Cash in Bank	\$ _____	Credit Cards (total)	\$ _____	
Vehicles/Equip (List Below)	\$ _____	Other Credit (List Creditors Below)	\$ _____	
	\$ _____		\$ _____	
	\$ _____		\$ _____	
Other Assets (Specify)	\$ _____		\$ _____	
	\$ _____		\$ _____	
	\$ _____		\$ _____	
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____	

The undersigned agrees that Carbon Capital Corporation may collect, use and disclose certain personal and business information ("Information") from you and about you. Information may be collected from and disclosed to our agents, affiliates, third party service providers, credit bureaus, credit reporting agencies, other credit grantors, any person you have or propose to have financial relations with as well as third parties who wish to become involved in the syndication of a loan, lease or other investment in which your Information is relevant, or who are involved in risk assessment, risk management, or due diligence in the context of a financial transaction or proposed financial transaction. You also authorize any person whom we contact in this regard to provide such Information to us. We may collect, use and disclose your Social Insurance Number or other personal identifiers to verify and report credit information to credit bureaus or credit reporting agencies as well as to confirm your identity. We may obtain credit reports from Equifax Canada Inc., Box 190 Station Jean Talon, Montreal, Quebec H1S 2Z2, with telephone 1-800-465-7166 and other similar credit reporting agencies. If you would like to review your own personal information, correct or revise information, have questions, concerns or comments regarding its application please fax 1-855-827-5439 or mail #117, 10555 48th Street SE, Calgary, AB T2C 2B7

Signature and Date:	Spouse Signature (If Joint Application)
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