



200, 10500 48<sup>th</sup> Street SE  
 Calgary, AB T2C 2B8  
[www.carboncapitalcorp.com](http://www.carboncapitalcorp.com)

Emily Cullum– Account Manager  
[emily@carboncapitalcorp.com](mailto:emily@carboncapitalcorp.com)  
 Cell: 403-620-0226  
 TOLL FREE FAX: 1.855.827.5439

**PERSONAL INFORMATION**

First Name, Middle Initial and Last Name:		Date of Birth (Mon/Day/Year):		SIN (optional):	
Home Address:		City:		Province:	Postal Code:
Mobile Number:	Email; Address:		Own/Rent/Other:	How Long at Present Address?	
Mortgage Amount Owning:	Mortgage Held By:	If less than 2 years at current address, please list previous address:			
Spouses Name (if applicable):		Spouse Date of Birth (Mon/Day/Year):		SIN (optional):	
Spouse Mobile Number:	Spouse Email Address:		Occupation:		

**BUSINESS/SELF EMPLOYMENT INFORMATION**

Full Legal Business Name:			Business Operating or Trade Name:		
GST Number:	Type of Business:	Annual Revenue: \$ _____	Insurance Agent's Name:	Insurance Agent's Phone # or Email:	
Physical 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)	\$		\$	
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>	

The undersigned agrees that Carbon Capital Corporation may collect, use and disclose certain personal and business information ("Information") from you and about you in order to confirm your identity, comply with regulatory requirements and assess your credit worthiness with respect to the financing being requested. 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 (collectively "Third Parties"). You also authorize any person whom we and Third Parties contact in this regard to provide such Information to us and keep a file including the Information. 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 and Third Parties 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 #200, 10500 48th Street SE, Calgary, AB T2C 2B8

Signature and Date:	Spouse Signature and Date:
---------------------	----------------------------