

Unusable for
a transaction

1. IDENTIFICATION OF LESSEE(S) AND ENDORSER(S)

NAME, ADDRESS, TELEPHONE NUMBER OF LESSEE 1 AND, IF APPLICABLE, ENDORSER, RELATIONSHIP TO LESSEE.

Date of birth:

YEAR	MONTH	DAY			

Current lessor: _____

NAME AND TELEPHONE NUMBER

NAME, ADDRESS, TELEPHONE NUMBER OF LESSEE 2 AND, IF APPLICABLE, ENDORSER, RELATIONSHIP TO LESSEE.

Date of birth:

YEAR	MONTH	DAY			

Current lessor: _____

NAME AND TELEPHONE NUMBER

2. DESCRIPTION OF LEASED PREMISES

ADDRESS OF PREMISES:

NUMBER	STREET	APARTMENT	CITY	PROVINCE	POSTAL CODE

3. AUTHORIZATION

As part of promise to lease PL-

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 for the premises identified above, the undersigned authorize any personal information agent and the persons identified herein to provide the lessor(s), or the agency or the broker representing the lessor(s), any information enabling them to establish the payment behaviours and habits of the undersigned, namely:

NAME OF LESSOR(S)

ADDRESS

Telephone : _____

Fax : _____

NAME AND ADDRESS OF LESSOR'S AGENCY OR BROKER

This authorization is valid only for the purpose of obtaining information to establish the payment behaviours and habits of the undersigned and will expire as soon as this information has been provided to the lessor(s) or to the agency or the broker representing the lessor(s), no later than _____.

4. PREVIOUS ADRESSES OF LESSEES

Previous address of lessee 1:

ADDRESS, PERIOD, NAME AND TELEPHONE NUMBER OF LESSOR

Previous address of lessee 2:

ADDRESS, PERIOD, NAME AND TELEPHONE NUMBER OF LESSOR

5. SIGNATURES

The undersigned acknowledge(s) having read, understood and consented to this form, and having received a copy thereof.

SIGNATURE OF LESSEE 1 AND HIS ENDORSER(S) DATE

SIGNATURE OF LESSEE 2 AND HIS ENDORSER(S) DATE