

CONSUMER CREDIT APPLICATION

DEALER TO COMPLETE	<input type="checkbox"/> NEW / DEMO	<input type="checkbox"/> LEASE	<input type="checkbox"/> GRADUATE PROGRAM	<input type="checkbox"/> INDIVIDUAL
	<input type="checkbox"/> USED	<input type="checkbox"/> CONDITIONAL SALE	<input type="checkbox"/> FUTURE VALUE PURCHASE PROGRAM	<input type="checkbox"/> BOTH TO SIGN
Dealer Number	Dealer Name	Year	Make	Model Code

PLEASE PRINT

Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Name	Applicant S.I.N. (Optional)	Date of Birth MM DD YY
Current Address	Number and Street	Apt. Number	City	Province/Territory	Postal Code
Home Phone Number					Length Yrs. Mths.
Previous Address (If less than 3 years at Current Address)					Number of Years
Current Employer Name and Address				Business Phone Number	Trade/Occupation
Previous Employer Name and Address (If less than 3 years at Current Employer)				Trade/Occupation	Length Yrs. Mths.
Number of Years					
Co-Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Name	Co-Applicant S.I.N. (Optional)	Date of Birth MM DD YY
Current Address (If different than Applicant)	Number and Street	Apt. Number	City	Province/Territory	Postal Code
Home Phone Number					Length Yrs. Mths.
Previous Address (If less than 3 years at Current Address)					Number of Years
Current Employer Name and Address				Business Phone Number	Trade/Occupation
Previous Employer Name and Address (If less than 3 years at Current Employer)				Trade/Occupation	Length Yrs. Mths.
Number of Years					
Applicant	Gross Monthly Salary \$	Co-Applicant	Gross Monthly Salary \$	Other Income \$	Describe Other Income
Total Income \$					
Financial Institution	Name	Address		Phone Number	Account Number
					<input type="checkbox"/> Savings <input type="checkbox"/> Chequing
Landlord/Mortgage Holder <input type="checkbox"/> Own <input type="checkbox"/> Rent	Name	Address		Phone Number	Monthly Rent Pmt. \$
					Monthly Mortgage Pmt. \$
Relative Not Living With Applicant	Name	Address		Relationship to Applicant	Home Phone Number
Personal Reference Not Living With Applicant	Name	Address			Home Phone Number
Principal Driver's Name				Driver's Licence Number	

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____