

CONSUMER CREDIT APPLICATION

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|-----------------------------------|-------------------------------------|---|--|---------------------------------------|
| 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 _____