

APPLICATION STATEMENT - (Please Print)

Dealership Name: _____

RETAIL LEASE OTHER

CHECK ONE APPLICABLE BOX (PRIMARY APPLICANT AND JOINT APPLICANTS MUST COMPLETE SEPARATE FORMS): Primary Applicant : <input type="checkbox"/> Joint Applicant : <input type="checkbox"/> <input type="checkbox"/> Application is for joint credit with primary applicant or as a guarantor. <input type="checkbox"/> Primary applicant is relying on you for income for alimony, child support, or separate maintenance or on your income or assets as the basis for repayment of the credit requested.										If Joint Applicant, Relationship to Applicant: <input type="checkbox"/> S - Spouse <input type="checkbox"/> F - Family <input type="checkbox"/> O - Other		
A P P L I C A N T	Last Name <input type="text"/> First Name <input type="text"/> Middle Initial <input type="text"/>					<input type="checkbox"/> Jr. <input checked="" type="checkbox"/> Sr.	No. of Dep. <input type="text"/>	Date of Birth <input type="text"/>				
	Present Address (Number and Street) <input type="text"/>					City <input type="text"/>	Province <input type="text"/>	Postal Code <input type="text"/>				
	Phone in Applicant's Home? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Area Code and Phone Number <input type="text"/>		1 <input type="checkbox"/> Own Home <input type="checkbox"/> Outright 2 <input type="checkbox"/> Buying Home	3 <input type="checkbox"/> Living with <input type="checkbox"/> Relatives 4 <input type="checkbox"/> Leasing / Renting	5 <input type="checkbox"/> Own/Buying <input type="checkbox"/> Mobile Home	Lived There Yrs. <input type="text"/> Mos. <input type="text"/>				
	Social Insurance Number (Optional) <input type="text"/>			Driver's License Number and Province <input type="text"/>								
	E-Mail Address <input type="text"/>		Home: <input type="text"/> Work: <input type="text"/>									
	Name and Address of Landlord or Mortgage Holder <input type="text"/>								Rent or Mtge. Pmt. \$ <input type="text"/>			
	Previous Address (Street, City, Province and Postal Code) (If less than 2 years at present address) <input type="text"/>								Lived There Yrs. <input type="text"/>			
	Level Of Education (Age Under 27 Only) 1 <input type="checkbox"/> University (graduate) 2 <input type="checkbox"/> College/CEGEP (diploma)		3 <input type="checkbox"/> Special Training 4 <input type="checkbox"/> Some College		High School grad.? <input type="checkbox"/>		5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No					
	Current Employer Name <input type="text"/>		City/Province <input type="text"/>									
	Applicant's Occupation <input type="text"/>				Work Phone Number <input type="text"/> Area Code (<input type="text"/>)			Gross Salary \$ <input type="text"/>	<input type="checkbox"/> W - Weekly <input type="checkbox"/> Y - Yearly <input type="checkbox"/> M - Monthly			
Time on Job Yrs. <input type="text"/> Mos. <input type="text"/>		* Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			* Source of Other Income <input type="text"/>		* Other Income \$ <input type="text"/>	<input type="checkbox"/> W - Weekly <input type="checkbox"/> Y - Yearly <input type="checkbox"/> M - Monthly				
Previous Employer's Name (if less than 5 years at current employer) <input type="text"/>								City/Province <input type="text"/>	Time on Previous Job Yrs. <input type="text"/>			
Name and Address of Bank <input type="text"/>								Account # <input type="text"/>	<input type="checkbox"/> Chequing & Savings <input type="checkbox"/> Savings Only <input type="checkbox"/> Chequing Only <input type="checkbox"/> No Account			
Have You Ever Had a Car or Other <input type="checkbox"/> No Merchandise Repossessed? <input type="checkbox"/> Yes If Yes, When? <input type="text"/>			Month <input type="text"/> Year <input type="text"/>	Have You Ever Filed Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, When? <input type="text"/>			Month <input type="text"/> Year <input type="text"/>					
Is Applicant Obligated to Make Alimony, Child Support or Separate Maintenance Payments? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Amount to Be Paid per Month is \$ <input type="text"/>												
Creditor's Name and City / Province: <input type="text"/>			Account Number <input type="text"/>	Date Opened <input type="text"/>	High Credit <input type="text"/>	Monthly Pmt. Amount <input type="text"/>	Unpaid Balance <input type="text"/>	Date of Last Pmt. <input type="text"/>				
(Current / Previous Cars Financed by or Leased Through) (1) <input type="text"/> (2) <input type="text"/> (3) <input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
(Other) <input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Personal References (1) <input type="text"/> (2) <input type="text"/> (3) <input type="text"/>								Phone No. <input type="text"/> Area Code (<input type="text"/>)	Relationship <input type="text"/>			
(1) <input type="text"/> (2) <input type="text"/> (3) <input type="text"/>								Phone No. <input type="text"/> Area Code (<input type="text"/>)	Relationship <input type="text"/>			
(1) <input type="text"/> (2) <input type="text"/> (3) <input type="text"/>								Phone No. <input type="text"/> Area Code (<input type="text"/>)	Relationship <input type="text"/>			
I certify that the above information is true and correct to the best of my knowledge and belief, that I have attained the age of majority, and that I have read the terms on the reverse side forming part of this Application, and understand that they permit the collection, use and disclosure of my personal information for the purposes specified.												
Applicant's Signature: <input type="text"/> Date: <input type="text"/>												