CAPROCK
CAPITAL GROUP

Phone: 778-889-7964
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APPLICANT

*Applicant Last Name	Given	Middle Name	* Date of Birth mm/dd/yr	* S.I.N. (required)
* Home Phone	* Cell Phone		* Marital Status	* Driver License # Exp. Date

* Address	* City	* Province	* Postal Code	* How Long
* Previous Address (if current address less than 2 years)	* City	* Province	* Postal Code	* How Long

Own ☐ Rent ☐	* Market Value	* Mortgage Holder	
*Mortgage / Rent Amount	* Mortgage Balance	* Landlord Name and Phone No.	
* Present Employer Name		* Occupation	* How Long
* Address		Nature of Business	* Phone
* Monthly Income		2nd Income	
* Previous Employer (if current job less than 2 years)		Phone	* How Long

CO-APPLICANT

*Co-Applicant Last Name	Given	Middle Name	* Date of Birth mm/dd/yr	* S.I.N. (required)
* Home Phone	* Cell Phone		* Marital Status	* Driver License # Exp. Date

* Address	* City	* Province	* Postal Code	* How Long
* Previous Address (if current address less than 2 years)	* City	* Province	* Postal Code	* How Long

Own ☐ Rent ☐	* Market Value	* Mortgage Holder	
*Mortgage / Rent Amount	* Mortgage Balance	* Landlord Name and Phone No.	
* Co-Applicant Employer Name		* Occupation	* How Long
* Address		Nature of Business	* Phone
* Monthly Income		2nd Income	

SOLD VEHICLE

Year: _____ Make: _____

Model: _____ KMS: _____

VIN

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Damage over $2000 ☐ Rebuilt ☐ Out of Province ☐

Trade-in info: Year _____ Make _____ Model _____

SUMMARY

PRICE $ _____

DOC FEE $ _____

TRADE $ _____

DIFFERENCE $ _____

DOWN PMT $ _____

BALANCE OWING $ _____

The undersigned hereby confirms the above information is true, accurate and complete and authorizes Tricity Mitsubishi and any affiliated credit agency, financial institution or otherwise to conduct an investigation into my credit and employment history. I further authorize the obtaining and releasing of all relevant and appropriate information required to this application.

Applicant Signature _____ Co-Applicant Signature _____ Date _____