



**CUSTOMER INFORMATION**

**APPLICATION INFORMATION**

CUSTOMER NAME		DATE OF BIRTH		SOCIAL INSURANCE NUMBER		CELL PHONE	
STREET ADDRESS		HOW LONG?		OWN	RENT	MONTHLY PAYMENT / IF OWN-HOW MUCH/MORTGAGE?	
CITY		POSTAL CODE		PREVIOUS ADDRESS IF LESS THAN 2 YEARS – DURATION			
CURRENT BANK / ACCOUNTS HELD		HOW LONG?		EMAIL ADDRESS			

**EMPLOYMENT INFORMATION**

EMPLOYER NAME		OCCUPATION		YEARS	MONTHS	EMPLOYER PHONE	
EMPLOYER ADDRESS		CITY		PROVINCE		POSTAL CODE	
GROSS MONTHLY INCOME		OTHER INCOME		SOURCE OF OTHER INCOME			
PREVIOUS EMPLOYER NAME (IF LESS THAN 2 YEARS)		OCCUPATION		YEARS	MONTHS	EMPLOYER PHONE	
PREVIOUS EMPLOYER ADDRESS		CITY		PROVINCE		POSTAL CODE	

**ADDITIONAL INFORMATION**

HAVE YOU EVER FILED FOR BANKRUPTCY?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HAVE YOU EVER FILED CONSUMER PROPOSAL?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DO YOU HAVE ANY CURRENT CAR LOANS? (IF YES, WITH WHO?) YES <input type="checkbox"/> NO <input type="checkbox"/>	WHAT IS YOUR PREFERRED VEHICLE?	CAR <input type="checkbox"/>	TRUCK <input type="checkbox"/>	SUV <input type="checkbox"/>	VAN <input type="checkbox"/> AWD <input type="checkbox"/>
HAVE YOU HAD ANY REPOSSESSIONS IN THE LAST 12 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	PREFERRED PAYMENT (\$)	BI WEEKLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	SEMI MONTHLY <input type="checkbox"/>	

I CERTIFY THAT ALL OF THE STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE AND ARE MADE FOR THE PURPOSE OF OBTAINING CREDIT. I AGREE TO PROVIDE AND/OR AUTHORIZE OUR AFFILIATE AUTOMOBILE DEALERS, OR LENDING PARTNERS TO OBTAIN SUCH ADDITIONAL INFORMATION AS MAY BE REQUIRED, INCLUDING CREDIT REPORTS, IN ORDER TO COMPLETE THE PROCESSING OF YOUR APPLICATION.

DATE	APPLICANT SIGNATURE	CO-APPLICANT SIGNATURE
___ / ___ / ___	X _____	X _____