

APPLICATION STATEMENT

Dealership Name: _____

RETAIL LEASE OTHER

APPLICATION	CHECK ONE APPLICABLE BOX (PRIMARY APPLICANT AND JOINT APPLICANTS MUST COMPLETE SEPARATE FORMS):						If Joint Applicant, Relationship to Applicant:	
	Primary Applicant: <input type="checkbox"/>		Joint Applicant				<input type="checkbox"/> S - Spouse <input type="checkbox"/> F - Family	
			Application is for joint credit with primary applicant or as guarantor.				<input type="checkbox"/> O - Other	
			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.					
	Last Name		First Name		Middle Initial		J <input type="checkbox"/> Jr.	No. of Dep.
							S <input type="checkbox"/> Sr.	Date of Birth
	Present Address (Number and Street)		City		Province		Postal Code	
	Phone in Applicant's Home?		Area Code and Phone Number		1 <input type="checkbox"/> Own Home Outright	3 <input type="checkbox"/> Living with Relatives	5 <input type="checkbox"/> Own Buying Mobile Home	Lived There
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		()		2 <input type="checkbox"/> Buying Home	4 <input type="checkbox"/> Leasing / Renting	Yrs. Mos.	
	Social Insurance Number (Optional)			Driver's License Number and Province				
E-Mail Address		Home:			Work			
Name and Address of Landlord or Mortgage Holder							Rent or Mtge. Pmt.	
							\$	
Previous Address (Street, City, Province and Postal Code) (if less than 2 years at present address)							Lived There	
							Yrs.	
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.?	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No	
Current Employer Name				City/Province				
Applicant's Occupation			Work Phone Number		Gross Salary <input type="checkbox"/> W - Weekly <input type="checkbox"/> Y - Yearly			
			Area Code ()		\$ _____ <input type="checkbox"/> M - Monthly			
Time on Job		* 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		* Other Income <input type="checkbox"/> W - Weekly <input type="checkbox"/> Y - Yearly	
Yrs. Mos.							\$ _____ <input type="checkbox"/> M - Monthly	
Previous Employer's Name (if less than 5 years at current employer)				City/Province		Time on Previous Job		
						Yrs.		
Name and Address of Bank				Account #		1 <input type="checkbox"/> Chequing & Savings 3 <input type="checkbox"/> Savings Only		
						2 <input type="checkbox"/> Chequing Only 4 <input type="checkbox"/> No Account		
Have You Ever Had a Car or Other Merchandise Repossessed?		<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, When? / /		Have You Ever Filed Bankruptcy?		<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, When? / /		
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 \$ _____		
Creditor's Name and City / Province		Account Number	Date Opened	High Credit	Monthly Pmt. Amount	Unpaid Balance	Date of Last Pmt.	
(Current / Previous Cars Financed by or Leased Through)								
(1)								
(2)								
(3)								
Personal References					Phone No.		Relationship	
(1)					Area Code ()			
(2)					Phone No.		Relationship	
					Area Code ()			
(3)					Phone No.		Relationship	
					Area Code ()			

I certify that the above information is true and correct to the best of my knowledge and belief and I have attained the age of majority.

Date