Application for Credit

THIS SECTION TO BE COMPLETED BY DEALER								
DEALER			SALES PERSON			LENGTH OF TERM	RATE	
UNIT MODEL#					UNIT SERIAL #			
THIS SECTION TO BE COMPLETED BY CUSTOMER								
APPLICANT L	EGAL FIRST	NAME	APPLICANT MIDDLE NA		APPLICANT LAST NAME			
STREET NUMBER		STREET NAME		E	CITY			
22.01/11/05	200			/a a o o u o o u o o u o			EMAIL	
PROVINCE	POST	TAL CODE	HOME	MOBILE PHONE #	E PHONE #		L	
	PPLICANT BIRTHDATE		SOCIAL INSURANCE #		TION	BANK BRANCH ADDRESS		
(YYYY/IVIIV	(YYYY/MM/DD)							
EMPLOYER NAME		POSITION/TITLE		GROSS MONTHLY INCOME		EMPLOYED SINCE (YR)		
GUARANTOR LEGAL FIRST N		NAME GUARANTOR MI		IIDDLE NAME	DDLE NAME GUARANTOR LAST NAME		NAME	
STREET NUMBER		STREET NAME			CITY			
PROVINCE	DOS.	TAL CODE	HOME	/OBILE PHONE #		EMAIL		
PROVINCE	FU3	IAL CODE	HOWL	WOBILL PHONE ?	E PHONE # EIVIAIL		L	
GUARANTOR BIRTHDATE (YYYY/MM/DD)		SOCIAL INSURANCE #		BANK INSTITUTION NAME		BANK BRANCH ADDRESS		
EMPLOYER NAME		POSITION/TITLE		GROSS MONTHLY INCOME		EMPLOYED SINCE (YR)		
After completing this fillable credit application form, please return it to your dealership representative. The information provided will be kept confidential and will only be used during the credit decision process.								
Only complete the Guarantor section if requested by a representative.								
Date	(Customer (Prin	t Name):	Signature				
Date	Date Guarantor (Print Name):			Signature:				
	<u> </u>							