

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 LEGAL FIRST NAME			APPLICANT MIDDLE NAME			APPLICANT LAST NAME			
STREET NUMBER		STREET NAME				CITY			
PROVINCE	POSTAL CODE		HOME/MOBILE PHONE #			EMAIL			
APPLICANT BIRTHDATE (YYYY/MM/DD)		SOCIAL INSURANCE #		BANK INSTITUTION NAME		BANK BRANCH ADDRESS			
EMPLOYER NAME		POSITION/TITLE		GROSS MONTHLY INCOME		EMPLOYED SINCE (YR)			
GUARANTOR LEGAL FIRST NAME			GUARANTOR MIDDLE NAME			GUARANTOR LAST NAME			
STREET NUMBER		STREET NAME				CITY			
PROVINCE	POSTAL CODE		HOME/MOBILE PHONE #			EMAIL			
GUARANTOR BIRTHDATE (YYYY/MM/DD)		SOCIAL INSURANCE #		BANK INSTITUTION NAME		BANK BRANCH ADDRESS			
EMPLOYER NAME		POSITION/TITLE		GROSS MONTHLY INCOME		EMPLOYED SINCE (YR)			
<p>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.</p> <p>*Only complete the Guarantor section if requested by a representative.*</p>									
Date		Customer (Print Name):			Signature				
Date		Guarantor (Print Name):			Signature:				

