

CREDIT APPLICATION

FULL NAME _____

BIRTH DATE _____ SIN# _____ MARITAL STATUS _____ DEPENDENTS _____

PRESENT ADDRESS _____ HOW LONG _____ POSTAL CODE _____

PREVIOUS ADDRESS _____ POSTAL CODE _____

SPOUSES NAME _____

BIRTHDATE _____ SIN# _____ PHONE NUMBER _____

PRESENT ADDRESS _____ HOW LONG _____ POSTAL CODE _____

PREVIOUS ADDRESS _____ POSTAL CODE _____

PRESENT EMPLOYER need 3 years _____ POSITION _____ HOW LONG _____ MONTHLY INCOME _____

PREVIOUS EMPLOYER _____ POSITION _____ HOW LONG _____ MONTHLY INCOME _____

SPOUSES EMPLOYER _____ POSITION _____ HOW LONG _____ MONTHLY INCOME _____

PREVIOUS EMPLOYER _____ POSITION _____ HOW LONG _____ MONTHLY INCOME _____

IF SELF EMPLOYED NEED ACCOUNTANTS NAME AND PHONE NUMBER _____

OTHER INCOME _____

HOME OWN OR RENT _____ MONTHLY PAYMENTS _____ MORTGAGE HOLDER _____

LANDLORD _____ PRESENT VALUE _____ BALANCE OWING _____

CURRENT BANK _____ ADDRESS _____

TYPE OF ACCOUNTS _____

DRIVERS LICENCE # _____

OUTSTANDING DEBTS _____ CREDIT CARD DEBTS _____

COMPLETE AND RETURN TO

TOLL FREE FAX # 1 - 866 - 274 - 7863