



Consumer Credit Application

Applicant Email _____

DEALER TO COMPLETE		Year:	Make:	Model:		
<input type="checkbox"/> Co-Applicant	<input type="checkbox"/> New Vehicle	<input type="checkbox"/> Used Vehicle	<input type="checkbox"/> Re-Lease	Stock No.		
APPLICANT INFORMATION						
Last Name:		First Name:		Middle Name:		
Date of Birth:		Social Insurance No.		Cell Phone No.		
Principal Driver's Name:		Driver's Licence Number No.		Home Phone No.		
Home Address Number and Street Name:			City:	Province:	Postal Code:	Address Length: Years _____
Home Address Number and Street Name:			City:	Province:	Postal Code:	Address Length: Years _____
Current Employer Name and Address			Business Phone No.	Trade / Occupation:		Address Length: Years _____
Previous Employer Name and Address (if less than 3 years at Current Employer)			Business Phone No.	Trade / Occupation:		Address Length: Years _____
Gross Monthly Salary: \$ _____	Other Income: \$ _____	Describe Other Income:			Total Income: \$ _____	
Financial Institution Name / Address:			Phone No.	Account No.	<input type="checkbox"/> Savings <input type="checkbox"/> Chequing	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Landlord / Mortgage Holder Name / Address:		Phone No.	Monthly Rent Payment: \$ _____	Monthly Mortgage Payment: \$ _____	
Relative Not Living with Applicant – Name / Address:			Relationship to Applicant:		Phone No.	
Personal Reference Not Living with Applicant – Name / Address:					Phone No.	
<p>The personal information received from individuals relating to any transaction in this Dealership is collected in accordance with the Dealership's privacy policy. Its collection, use and disclosure is necessary for the purpose of purchase, sale, financing, lease, repair, service or testing of a vehicle(s) and related or other products and services of the Dealership and for providing information about other current and future products and services of this Dealership and affiliates, the manufacturer of new vehicles for which this Dealership is franchised, any insurers or warranty providers and any applicable leasing or financing entity. If anyone would like further information on our privacy policy, please contact the dealership's privacy officer.</p>						
Application Signature _____					Date _____	

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS SECTION

Comments: _____ Account Manager _____

Approved By _____ Basis of Approval _____ Date _____