

# Credit Application

DAY	MONTH	YEAR
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APPLICANT	DRIVER'S LICENCE #		EXPIRY		CLASS		
	BUYER NAME (FIRST, MIDDLE, LAST)		SIN#	DATE OF BIRTH	MARITAL STATUS	PHONE #	CELL #
	CO-BUYER NAME		SIN#	DATE OF BIRTH	MARITAL STATUS	PHONE #	CELL #
	PRESENT ADDRESS		CIVIC ADDRESS	CITY	PROVINCE	POSTAL CODE	HOW LONG
	PREVIOUS ADDRESS			CITY	PROVINCE	POSTAL CODE	HOW LONG
	EMAIL ADDRESS			DEPENDANTS		AGES	

HOME	OWN	MORTGAGE COMPANY/LANDLORD	MORTGAGE/LINE OF CREDIT	BRANCH/CONTACT PERSON		PHONE #
	RENT					
FAMILY	PURCHASE PRICE	PRESENT VALUE	BALANCE OWING	PAYMENT	INCLUDING PIT	PROPERTY TAXES <input type="checkbox"/> M <input type="checkbox"/> A
R&B					<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____ <input type="checkbox"/> A
						SECURED: LIFE <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> N DISABILITY <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> N

BUYER'S EMPLOYER		POSITION/DUTIES		PHONE DIRECT #		EMPLOYER DIRECT #	
EMPLOYER'S ADDRESS				CITY		PROVINCE	POSTAL CODE
INCOME \$		GROSS: <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY		YRS/MONTHS	START DATE [<6 MONTHS]	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL	
DESCRIBE YOUR INCOME:		SELF EMPLOYED:		2 YEARS NOTICE OF ASSESSMENTS		<input type="checkbox"/> YES <input type="checkbox"/> NO	INCOME LINE 150 \$ _____
HOURLY RATE _____ HRS/WEEK? _____		6 MONTHS BANK STATEMENTS (IF REQUIRED)		<input type="checkbox"/> YES <input type="checkbox"/> NO			TIPS? \$ _____
OVERTIME RATE _____ HRS/WEEK? _____						DECLARED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS EMPLOYER		POSITION		EMPLOYER DIRECT #		HOW LONG	
PREVIOUS EMPLOYER ADDRESS		CITY		PROVINCE	POSTAL CODE	INCOME \$	GROSS: <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY

INCOME	CO-BUYER'S EMPLOYER		POSITION/DUTIES		PHONE DIRECT #		EMPLOYER DIRECT #	
	CO BUYER'S EMPLOYER'S ADDRESS				CITY		PROVINCE	POSTAL CODE
	INCOME \$		GROSS: <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY		YRS/MONTHS	START DATE [<6 MONTHS]	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL	
	DESCRIBE YOUR INCOME:		SELF EMPLOYED:		2 YEARS NOTICE OF ASSESSMENTS		<input type="checkbox"/> YES <input type="checkbox"/> NO	INCOME LINE 150 \$ _____
	HOURLY RATE _____ HRS/WEEK? _____		6 MONTHS BANK STATEMENTS (IF REQUIRED)		<input type="checkbox"/> YES <input type="checkbox"/> NO			TIPS? \$ _____
	OVERTIME RATE _____ HRS/WEEK? _____						DECLARED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CO-BUYER'S PREVIOUS EMPLOYER		POSITION		EMPLOYER DIRECT #		HOW LONG		
CO-BUYER'S PREVIOUS EMPLOYER ADDRESS		CITY		PROVINCE	POSTAL CODE	INCOME \$	GROSS: <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	

OTHER INCOME (PLEASE DESCRIBE)				INCOME \$		PHONE #
PRIMARY BANK	CHEQUING <input type="checkbox"/> YES <input type="checkbox"/> NO	BALANCE	SAVINGS <input type="checkbox"/> YES <input type="checkbox"/> NO	BALANCE	CLIENT CARD NUMBER	

**HAVE YOU EVER HAD AN ASSET REPOSSESSED?**

YES  NO

**HAVE YOU DECLARED BANKRUPTCY?**

YES  NO

**HAVE YOU BEEN SICK OR INJURED?**

YES  NO

ASSETS		VALUE
	RRSP'S	
	INVESTMENTS	
	LIFE INSURANCE	

PROPERTY & VEHICLES // TYPE, MAKE, MODEL	SEC?	VALUE	LIEN HOLDER

<b>REQUESTED LOAN REPAYMENT FREQUENCY</b>	<input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> WEEKLY	CO-SIGNER IF NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDITIONAL CASH DOWN \$
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REFERENCES	NAME	ADDRESS	PHONE #	RELATIONSHIP
	NAME	ADDRESS	PHONE #	RELATIONSHIP
	NAME	ADDRESS	PHONE #	RELATIONSHIP

INSURANCE	INSURANCE COMPANY	POLICY #
	DRIVERS LICENCE #	CURRENT PREMIUM/PAYMENTS

PORTIONS OF THE ABOVE INFORMATION WILL BE SUBMITTED FOR THE PURPOSES OF OBTAINING CREDIT. THE UNDERSIGNED AUTHORIZES FRASERWAY RV LP TO MAKE SUCH INQUIRIES AS ARE NECESSARY TO OBTAIN CREDIT INFORMATION AND AUTHORIZE BANKS, FINANCIAL INSTITUTIONS, AND CREDIT REFERENCES TO RELEASE INFORMATION REGARDING THEIR ACCOUNTS.

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BUYER SIGNATURE

I/WE CERTIFY THAT EVERYTHING STATED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF M/OUR KNOWLEDGE

\_\_\_\_\_  
CO-BUYER SIGNATURE