

CREDIT APPLICATION

INDIVIDUAL INFORMATION:

First:_____	Middle:_____	Last:_____
SIN:_____	DOB (D/M/Y):_____	Annual Income:_____
Address: _____ _____		
Postal Code:_____	City/Town:_____	Province:_____
Email:_____	Phone Number: _____	<input type="radio"/> Home <input type="radio"/> Mobile
Employer:_____	Position:_____	Employed Since:_____

COMPANY INFORMATION:

Full Legal Name:_____	
Address: _____ _____	
HST Number:_____	Year Established:_____
Phone Number:_____	Fax:_____

BANKING INFORMATION:

Name of Bank:_____		
Banking Information: _____	_____	_____
<small>Transit # 5 digits</small>	<small>Institution # 3 digits</small>	<small>Account #</small>

INSURANCE INFORMATION:

Company:_____	Policy Number:_____
Address:_____	Phone Number:_____
_____	Insurance Agent:_____

CHECKLIST:

*PROVIDE A PHOTO OF YOUR DRIVERS LICENSE TO PROCEED WITH APPLICATION	<input type="radio"/>
*PROVIDE VOID CHEQUE OR PAYMENT AUTHORIZATION FORM	<input type="radio"/>

Signature: _____