

Credit Application

APPLICANT PERSONAL INFORMATION

First name		Middle initial		Last Name		Have you ever Been bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Discharge:		
SIN#	Date of Birth: (mm/dd/yyyy)		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law						
Driver License #		Expiry Date:		License Class <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G <input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> M <input type="checkbox"/> AZ <input type="checkbox"/> DZ <input type="checkbox"/> None					
Home Phone #		Cell Phone #		Email:					
Home Address:		City:		Province:		Postal Code:		How Long: Yrs. Mths.	
Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with Family		Monthly Payment:		Value:		Mortgage Balance:		Mortgage Holder:	

APPLICANT EMPLOYMENT INFORMATION

Current Employer:		Position:		Phone #					
Employer's Address:		City:		Province:		Postal Code:		How Long: Yrs. Mths.	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired		Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Gross Annual Income:					
Previous Employer Address: (if less than 2yrs)		City:		Province:		Postal Code:		How Long: Yrs. Mths.	
Other Income Source:		Monthly Amount \$		How Long: Yrs. Mths.					

CO-APPLICANT PERSONAL INFORMATION

First name		Middle initial		Last Name		Have you ever Been bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Discharge:		
SIN#	Date of Birth: (mm/dd/yyyy)		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law						
Driver License #		Expiry Date:		License Class <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G <input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> M <input type="checkbox"/> AZ <input type="checkbox"/> DZ <input type="checkbox"/> None					
Home Phone #		Cell Phone #		Email:					
Home Address:		City:		Province:		Postal Code:		How Long: Yrs. Mths.	
Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with Family		Monthly Payment:		Value:		Mortgage Balance:		Mortgage Holder:	

CO-APPLICANT EMPLOYMENT INFORMATION

Current Employer:		Position:		Phone #					
Employer's Address:		City:		Province:		Postal Code:		How Long: Yrs. Mths.	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired		Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Gross Annual Income:					
Previous Employer Address: (if less than 2yrs)		City:		Province:		Postal Code:		How Long: Yrs. Mths.	
Other Income Source:		Monthly Amount \$		How Long: Yrs. Mths.					
Relationship to applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Common Law <input type="checkbox"/> Family Member <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other _____									

The Applicant (I) and each Co-Applicant (we) certify that all information supplied to you herein (Smart Lending Solutions Inc.) is true and complete and I/we understand that it is being used to determine my credit responsibility and to evaluate and to respond to my/our request for financing, you are authorized to obtain any information you may require for these purposes from other sources, including for example credit bureaus and each source is hereby authorized to provide you with such information. The terms set out on the bottom of this form are part of this application. The applicant and each co-applicant agree along with you (Smart Lending Solutions Inc.) to everything written here and on the bottom of this application.

Applicant Signature

Date: _____

Co-Applicant Signature

Date: _____

I/we also understand, acknowledge and agree that the information given in this application as well as other information you obtain in relation to my credit history will be disclosed to potential lenders, insurers, and other service providers, organizations providing technological or other support services required in relation to this application and other parties whom I/we propose to have a financial relationship.

I we further acknowledge and agree that each potential lender, insurer, or service provider to whom you provide the application and/or my/our personal information is permitted to receive such application and information and maintain records relating to me/us, including my/our social insurance number if I/we provide it, and disclose personal information about me/us, you and from third persons, including credit bureaus, credit reporting agencies, collection agencies, financial institutions, past or present employers, creditors, and landlords. I/we specifically consent to the release and disclosure of personal information.