

Customer Credit Application									
PRINT FULL LEGAL NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE									
First Name			Middle Na	Middle Name			Last Name		
DATE OF BIRTH			MARITAL STATUS (CHECK ONE)			SOCIAL INSURANCE NUMBER			
Month	Day	Year	Single	Married	Com. Law				
Email									
RESIDENTIAL INFORMATION									
Street Address				Suite	City		Province	Postal Code	
Cell Phone Number Re			Residentia	Residential Phone Number			Length at Residence		
PREVIOUS ADDRESS (IF LESS THAN 2 YEARS AT CURRENT ADDRESS)									
Street Address				Suite	City		Province	Postal Code	
EMPLOYMENT INFORMATION									
Name of Current Employer				Occupation F		Full Time or	Part Time	Employment Length	
Employer's Address					City		Province	Phone Number	
Name of Previous Employer (if less than 2 years at current emp					ployer)		Length at Prev. Employer		
FINANCIAL INFORMATION									
Annual Gross Income (Before Taxes)			Other Mon	Other Monthly Income			Source of Other Monthly Income		
Residence (Own or Rent)			Market Va	Market Value (If Own)			Monthly Payment (Mortgage or Rent)		
Mortgage Outstanding Amount (if any)			Mortgage Holder			Spouses Gross Annual Income (if any)			
I declare and w	varrant that the	information I h	nave provided	above is true	, accurate an	d complete and t	that it is no	t false or misleading	
in any way. I further declare and warrant that a bankruptcy proceeding is neither presently in progress nor anticipated and acknowledge receiving a copy of this application. I CONSENT TO THE USE AND TRANSFER OF THE INFORMATION LISTED ABOVE BY CANADA AUTO AND ITS LENDERS.									
Signature						Date			

## Vehicle Information:

Year \_\_\_\_\_\_ Make \_\_\_\_\_\_ Model \_\_\_\_\_Colour\_\_\_\_\_ Km\_\_\_\_\_

T. 416 741.AUTO E. info@autotraders.biz