

APPLICANT'S PERSONAL INFORMATION

Surname:	First Name:	Middle Initial(s):
Address:	Phone: ()	
City:	Province:	Postal Code:
Cell: ()		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	How Long:	No. of dependent(s):
Date of Birth: (yyyy/mm/dd)	SIN:	Driver's Lic. No.:
Previous Address:	Email:	

EMPLOYMENT

Present Employer:	
Company Address:	Work Phone: ()
Current Position:	How Long:
Other Source of Income:	Gross per Month: \$
	Gross per Month: \$

PRINCIPAL OPERATOR INFORMATION

Surname:	First Name:	Middle Initial(s):
Address:	Phone: ()	
City:	Province:	Postal Code:
Cell: ()		
Date of Birth: (yyyy/mm/dd)	SIN:	Driver's License No.:
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	How Long:	No. of dependent(s):
Present Employer:	Work Phone: ()	
Company Address:	Position:	Gross per Month: \$

PERSONAL STATEMENT

Assets	Value	Liabilities	Monthly Payments
Real Estate	\$	Mortgage Holder:	\$
Autos	\$	Car Loan Holder:	\$
Term Deposit	\$	Bank Loan:	\$
Other	\$	Other:	\$

BANKING

Name of Bank:	Phone: ()	Contact:
Branch Number/Address:	Account Type:	
Credit Cards: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Other: _____	Credit Limit: \$

RELATIVES OR ASSOCIATES

Name:	Address:	Phone: ()
Name:	Address:	Phone: ()
Name:	Address:	Phone: ()

LEASE REQUEST

Year:	Make:	Model:	<input type="checkbox"/> New <input type="checkbox"/> Used
Body Style:	Color:	Mileage:	(Km)
Optional Equipment (Pkg):	<input type="checkbox"/> Lease <input type="checkbox"/> Finance		
Purchase Price: \$	Preferred Terms:	Lease End Value: \$	
Down Payment: \$	Security Deposit: \$	Monthly Payment Target: \$	+ TAX

The undersigned certifies that the above information to be true and correct. By signing below, I consent to Solution Auto Lease & Sales and its affiliates obtaining from any credit reporting agency or credit grantor, such information as it may require at any time in connection with the credit hereby applied for, and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or to any credit grantor with whom the undersigned has financial relations.

Date

Print Name of Sales Person & MDC License No.

Signature of Applicant

Signature of Sales Person