

# Canadian Automotive Reality Inc. Credit Application

04/15

Contact: \_\_\_\_\_  
 Rep: \_\_\_\_\_  
 Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## APPLICANT PERSONAL INFORMATION

<input type="checkbox"/> Mr. First Name <input type="checkbox"/> Mrs. Middle Initial <input type="checkbox"/> Miss. <input type="checkbox"/> Ms.		Last Name		Have you ever been bankrupt?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Discharge:
Home Phone #: ( )		Cell Phone #: ( )		Email Address:	
Date of Birth (mm/dd/yy):		Social Ins #:		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law	
Drivers Licence #:		Expiry Date:		Licence 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 Address:		City:		Province:	
Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with Family		Monthly Payment:		Value:	
		Mortgage Balance:		Mortgage Holder:	
				Postal Code:	
				How Long: Yrs. Mths.	

## APPLICANT EMPLOYMENT INFORMATION

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

## CO-APPLICANT PERSONAL INFORMATION

<input type="checkbox"/> Mr. First Name <input type="checkbox"/> Mrs. Middle Initial <input type="checkbox"/> Miss. <input type="checkbox"/> Ms.		Last Name		Have you ever been bankrupt?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Discharge:
Home Phone #: ( )		Cell Phone #: ( )		Email Address:	
Date of Birth (mm/dd/yy):		Social Ins #:		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law	
Drivers Licence #:		Expiry Date:		Licence 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 Address:		City:		Province:	
Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with Family		Monthly Payment:		Value:	
		Mortgage Balance:		Mortgage Holder:	
				Postal Code:	
				How Long: Yrs. Mths.	

## CO-APPLICANT EMPLOYMENT INFORMATION (CO-SIGNER, IF APPLICABLE)

Current Employer:		Position:		Phone #:	
Employer's Address:		City:		Province:	
				Postal Code:	
				How Long: Yrs. Mths.	
Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired		Gross Annual Income: \$	
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 terms set out on the bottom of this form are part of this application. The Applicant, and each Co-Applicant agree along with you (Canadian Automotive Reality Inc) to everything written here and on the bottom of this application.

Applicant Signature \_\_\_\_\_  
 Date: \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_  
 Date: \_\_\_\_\_

The Applicant and each Co-Applicant (we) certify that all information supplied to you herein (Canadian Automotive Reality Inc) is true and complete. From time to time,

- (a) You may collect credit and other financially related information about us, from the service arrangement we have made through you, from credit bureaus and other financial institutions, and from references we have provided you.
- (b) You may use the information as follows;
  - (i) Provide it to credit bureaus and other financial institutions and, with our consent, to other parties.
  - (ii) To determine our financial situation.
  - (iii) To provide us with the services we request from you.
  - (iv) Provide it to anyone who works with you or for you, but only as needed for providing the services we request from you.
- (c) You may also use information for the following purposes;
  - (i) To promote your services to us and add it to your client list and use it for this purpose.
  - (ii) Share it with other members of Canadian Automotive Reality Inc. (where the law does not prohibit this) so that they may promote their product to us.
  - (iii) You may use our social insurance number as an aid to identify us with credit bureaus and other financial institutions for credit history matching purposes.

We may tell you to stop using my/our information in the ways described in the Sub-Section(c) at any time by contacting Canadian Automotive Reality Inc at 905-660-2901. You acknowledge that the use of information in the ways described in Sub-Section(c) is at our option and that we will not be refused credit or other services just because we have told you to stop using it in those ways. We consent to, and acknowledge this as prior written notice of you obtaining a credit report or other information about me from time to time.

905-660-2903 (Fax) 1-866-825-9665 (Toll-Free Fax)