



Application for Financing

Date: _____ Merchant Number: _____

Please Tell Us About Yourself (Borrower 1)

TITLE <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	FIRST NAME	MIDDLE NAME	LAST NAME	MARITAL STATUS
ADDRESS		APT	CITY	PROVINCE
POSTAL CODE		BIRTH DATE (MM/DD/YYYY)		SOCIAL INSURANCE NUMBER
SINCE Month: Year:	HOME PHONE	CELL PHONE		
PREVIOUS ADDRESS (IF CURRENT LESS THAN 2 YEARS)		APT	CITY	PROV
SINCE Month: Year:		NEAREST RELATIVE (NOT LIVING WITH YOU)		RELATION
PHONE		RELATION		
PERSONAL REFERENCES (NOT LIVING WITH YOU) 1		PHONE		RELATION
PERSONAL REFERENCES (NOT LIVING WITH YOU) 2		PHONE		RELATION

Please Tell Us About Your Job

EMPLOYER (FULL NAME)	POSITION	BUSINESS PHONE	EXTENSION	SINCE Month: Year:
EMPLOYER ADDRESS		APT	CITY	PROVINCE
POSTAL CODE		BIRTH DATE (MM/DD/YYYY)		SOCIAL INSURANCE NUMBER
SINCE Month: Year:	HOME PHONE	CELL PHONE		
PREVIOUS EMPLOYER (IF CURRENT LESS THAN 2 YEARS)		APT	CITY	PROV
SINCE Month: Year:		EMPLOYER (FULL NAME)		RELATION
PHONE		RELATION		
PREVIOUS EMPLOYER (IF CURRENT LESS THAN 2 YEARS)		POSITION		RELATION
BUSINESS PHONE		RELATION		

Co-signer Information (Borrower 2)

TITLE <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	FIRST NAME	MIDDLE NAME	LAST NAME	MARITAL STATUS	RELATIONSHIP TO YOU <input type="checkbox"/> Spouse or Common Law <input type="checkbox"/> Other: _____
ADDRESS		APT	CITY	PROVINCE	POSTAL CODE
SINCE Month: Year:	HOME PHONE	CELL PHONE	BIRTH DATE (MM/DD/YYYY)		SOCIAL INSURANCE NUMBER
PREVIOUS ADDRESS (IF CURRENT LESS THAN 2 YEARS)		APT	CITY	PROV	SINCE Month: Year:
EMPLOYER (FULL NAME)		POSITION	BUSINESS PHONE	EXTENSION	SINCE Month: Year:
PREVIOUS EMPLOYER (IF CURRENT LESS THAN 2 YEARS)		POSITION	BUSINESS PHONE	EXTENSION	SINCE Month: Year:

Financial Information

YOUR GROSS MONTHLY INCOME (BORROWER 1) \$		GROSS MONTHLY INCOME (BORROWER 2) \$		
BORROWER 1 <input type="checkbox"/> Own <input type="checkbox"/> Rent	LANDLORD OR MORTGAGE HOLDER	MORTGAGE BALANCE \$	PROPERTY VALUE \$	MONTHLY PAYMENT \$
BORROWER 2 <input type="checkbox"/> Own <input type="checkbox"/> Rent	LANDLORD OR MORTGAGE HOLDER	MORTGAGE BALANCE \$	PROPERTY VALUE \$	MONTHLY PAYMENT \$
OTHER SOURCES OF INCOME NOT SHOWN ABOVE – DESCRIPTIONS (EG 2 ND JOB, PENSION, ETC) – BORROWER 1			OTHER INCOME AMOUNT (PER MONTH) – BORROWER 1 \$	
OTHER SOURCES OF INCOME NOT SHOWN ABOVE – DESCRIPTIONS (EG 2 ND JOB, PENSION, ETC) – BORROWER 2			OTHER INCOME AMOUNT (PER MONTH) – BORROWER 2 \$	

Loan Information

DESCRIPTION OF ITEMS TO BE FINANCED	TOTAL AMOUNT TO BE FINANCED
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Acknowledgment and Execution

The Borrower(s) hereby authorize Crelogix and any of its representatives or partners to collect, use and disclose my personal information for the purposes of investigating and providing financial services. I have been informed by Crelogix or its partners or representatives, that my personal information is collected, used and disclosed for the following purposes: (1) to collect credit and related financial information from me, from credit agencies, and from any parties listed herein, (2) to use the information collected to determine my financial situation, to provide financial services I have requested and to offer additional products and services of Crelogix that may be of benefit to me, (3) to share the information with assignees, bankers or funding partners of Crelogix, (4) to share the information collected and any information on my commercial dealings with Crelogix credit agencies or other financial institutions. Further, I specifically acknowledge that Crelogix may assign this agreement and any related agreements in whole or in part from time to time and I agree that any personal information collected in relation to this agreement may be made available to any such proposed assignee.

X _____
BORROWER (1) SIGNATURE

X _____
BORROWER (2) SIGNATURE