

# CREDIT APPLICATION

<b>DEALER TO COMPLETE</b>	Dealer No.		Dealer Name			<input type="checkbox"/> NEW / DEMO		<input type="checkbox"/> INDIVIDUAL		
	Year		Make		Model		<input type="checkbox"/> USED		<input type="checkbox"/> BOTH TO SIGN	
1. Cash Selling Price (including tax)		2. Life/Disability Insurance		3. Extended Warranty (including tax)		4. Trade-In Amount		5. Lien on Trade		
6. Cash Down Payment		7. Net Down Payment		8. Amount Financed		9. Monthly Payment		10. Other Charges		11. Term

PLEASE PRINT

<b>Applicant</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Last Name		First Name		Middle Name		Applicant S.I.N.		Date of Birth MM DD YY		
Current Address		Number and Street		Apt. Number	City		Province/Territory		Postal Code		Home Phone Number	Length Yrs. Mths.
Previous Address (If less than 3 years at Current Address)										Number of Years		
Current Employer Name and Address						Business Phone Number		Trade/Occupation		Length Yrs. Mths.		
Previous Employer Name and Address (If less than 3 years at Current Employer)								Trade/Occupation		Number of Years		
Landlord/Mortgage Holder <input type="checkbox"/> Own <input type="checkbox"/> Rent		Name		Address			Phone Number		Monthly Rent Pmt. \$		Monthly Mortgage Pmt. \$	
<b>Co-Applicant</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Last Name		First Name		Middle Name		Co-Applicant S.I.N. (Optional)		Date of Birth MM DD YY		
Current Address (If different than Applicant)		Number and Street		Apt. Number	City		Province/Territory		Postal Code		Home Phone Number	Length Yrs. Mths.
Previous Address (If less than 3 years at Current Address)										Number of Years		
Current Employer Name and Address						Business Phone Number		Trade/Occupation		Length Yrs. Mths.		
Previous Employer Name and Address (If less than 3 years at Current Employer)								Trade/Occupation		Number of Years		
Landlord/Mortgage Holder <input type="checkbox"/> Own <input type="checkbox"/> Rent		Name		Address			Phone Number		Monthly Rent Pmt. \$		Monthly Mortgage Pmt. \$	
<b>Applicant</b>		Gross Monthly Salary \$		<b>Co-Applicant</b>		Gross Monthly Salary \$		Other Income \$		Describe Other Income		<b>Total Income</b> \$
Financial Institution		Name		Address			Phone Number		Account Number		<input type="checkbox"/> Savings <input type="checkbox"/> Chequing	
Relative Not Living With Applicant				Name		Address			Relationship to Applicant		Home Phone Number	
Personal Reference Not Living With Applicant				Name		Address					Home Phone Number	
Applicant Signature				Date		Co-Applicant Signature				Date		

Product You Are Interested In: \_\_\_\_\_

**FAX TO K-SPORTS MARINE 807-467-2805**

**THANK YOU**