



CONFIDENTIAL & SECURE
FAX: +1 (403) 663-8166

Personal Credit Application

A. FINANCE AND VEHICLE INFORMATION (FOR DEALER USE)

Type of Contract	<input type="checkbox"/> Lease		<input type="checkbox"/> Finance	
Name of Lender	Phone Number		Contact	
CONTRACT INFORMATION	List Price	Selling Price	Cash Down	Net Trade-in
	Protection Plan	Insurance	Amount Finance	Term Mo Pmt
VEHICLE INFORMATION	Year	Make	Model	VIN Odometer
TRADE-IN INFORMATION	Year	Make	Model	VIN Odometer

B. APPLICANT PERSONAL INFORMATION

First Name	Last Name	Initial	Date of Birth	SIN
Address	City	Province	Postal Code	How Long? Yrs. Mos.
Home Phone Number	Email			
Previous Address (if less than 1 yr)	City	Province	Postal Code	How Long? Yrs. Mos.
Employer Name	Employer Phone No.	Occupation	Annual Income	Years of Service? Yrs. Mos.
Other Annual Income	Source of Other Annual income			Self Employed? Yes No
Residential Status	<input type="checkbox"/> Own Free & Clear <input type="checkbox"/> Mortgage <input type="checkbox"/> Renting <input type="checkbox"/> With Relatives			Monthly Payment

C. CO-APPLICANT PERSONAL INFORMATION

First Name	Last Name	Initial	Date of Birth	SIN
Address	City	Province	Postal Code	How Long? Yrs. Mos.
Home Phone Number	Email			
Previous Address (if less than 1 yr)	City	Province	Postal Code	How Long? Yrs. Mos.
Employer Name	Employer Phone No.	Occupation	Annual Income	Years of Service? Yrs. Mos.
Other Annual Income	Source of Other Annual income			Self Employed? Yes No
Residential Status	<input type="checkbox"/> Own Free & Clear <input type="checkbox"/> Mortgage <input type="checkbox"/> Renting <input type="checkbox"/> With Relatives			Monthly Payment

D. ADDITIONAL INFORMATION

Is this an additional vehicle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever filed for bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ACKNOWLEDGEMENT BY APPLICANT(S) AND CONSENT TO CREDIT CHECK AND DISCLOSURE

I certify that the above information is true and correct.

I am applying for a loan from the dealer to purchase the vehicle described in the attached bill of sale. I acknowledge that, if this application is approved, the dealer will assign the loan to a specified lender.

I irrevocably authorize and direct the lender to pay the Amount to be Financed to the dealer, if and when my loan is approved.

I HEREBY AUTHORIZE MD MOTORS LTD. TO GIVE ANY CREDIT AND OTHER INFORMATION ABOUT ME OBTAINED FROM TIME TO TIME, INCLUDING ANY INFORMATION ON THIS FORM TO, OR RECEIVE SUCH INFORMATION FROM: (A) ANY CREDIT BUREAU OR REPORTING AGENCY; (B) ANY PERSON WITH WHOM I HAVE OR PROPOSE TO HAVE FINANCIAL DEALINGS; AND (C) ANY PERSON IN CONNECTION WITH ANY DEALINGS I HAVE OR PROPOSE TO HAVE WITH MD MOTORS LTD.

I understand that MD Motors Ltd. may use this information to establish and to offer any services as permitted by law

Applicant Signature

Date

Co-Applicant Signature

Date