



SPRUCEWOOD LEASING LIMITED
3565 King Road, Suite 101,
King City, ON L7B 1M3
Tel: (905) 833-6056
Fax: (905) 833-0831

CREDIT APPLICATION - INDIVIDUAL

APPLICANT

Mr Mrs Ms Miss

FIRST NAME MIDDLE NAME LAST NAME

Home Phone Home Fax Date of Birth

e-mail address Social Insurance Number

Marital Status: Single Married Separated Divorced Widow(er) Other # of Dependents:

SPOUSE

FIRST NAME MIDDLE NAME LAST NAME

Date of Birth Social Insurance Number

PRESENT ADDRESS

Street Address

City/Town Province Postal Code

Time @ Residence Own/Buying Rent/Lease Room & Board Live With Parents Other

PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)

EMPLOYMENT / INCOME

Employer Occupation

Address

Work Phone Length of Employment Gross Monthly Income: \$

Status: Full Time Part Time Seasonal Self Employed Other

PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS)

Spouse's Employer Occupation

Work Phone Length of Employment Gross Monthly Income: \$

PERSONAL REFERENCE (RELATIVES OR FRIENDS NOT LIVING WITH YOU)

Name Phone

RESIDENCE

Registered in the name of Purchase Price \$ Year Purchased Est Value \$

1st Mortgage Holder Monthly Payment (incl taxes) \$

Landlord Phone Monthly Rent \$

BANKING INFORMATION

Bank Branch Phone

Account Number

Monthly Lease Payment to be paid by Pre-authorized Payment Post Dated Cheques

The undersigned declare(s) that the statements made herein are for the purpose of obtaining lease financing and are to be best of my/our knowledge true and correct. The applicant(s) consent(s) to Sprucewood Leasing Limited and/or selected financial institution making any enquiries it deems necessary to reach a decision on this application, and consent(s) to the disclosure at any time of any credit information about me/us to any credit reporting agency or to anyone with whom I/we have financial relations.

Lessee Signature Date