

WALKER FINANCIAL SERVICES - APPLICATION FOR CREDIT

APPLICANT'S STATEMENT Best Phone: Home Work Cell: _____

Yes If "yes" who is the co-applicant

Is this a joint Application? No Spouse Other

Name: _____

Mr. Miss Mrs. Ms. First Name Middle Name Last Name Date of Birth MM DD YYYY

S.I.N. _____

Driver's Lic #: _____ Issue Date Expiry Date

Email: _____

PRESENT ADDRESS

No. Street Apt./Suite City/Town Province Postal Code Area Code Telephone Years Months How Long? Own/Buying Rent Room & Board Live with parents Other (please explain)

Previous Address (if less than 2 Years At present address) How Long? Years

EMPLOYMENT / INCOME

Name of Employer _____ Occupation _____ How Long? Years

Employer Address _____

Have you ever been off work due to an illness or an injury in the past 7 years? Yes No If yes, how long? Months Area Code Telephone Gross Monthly Income Full-Time Part-Time Unemployed Retired Other Seasonal Self-Employed: Yes No

Previous Employer Name and Address (if less than 2 years with present employer) How Long?

SPOUSE

Best Phone: Home Work Cell: _____

Mr. Miss Mrs. Ms. First Name Middle Name Last Name Date of Birth MM DD YYYY

S.I.N. _____

Driver's Lic #: _____ Issue Date Expiry Date

Email: _____

EMPLOYMENT / INCOME

Name of Employer _____ Occupation _____ How long? Years

Employer Address _____

Have you ever been off work due to an illness or an injury in the past 7 years? Yes No If yes, how long? Months Area Code Telephone Gross Monthly Income Full-Time Part-Time Unemployed Retired Other Seasonal Self-Employed: Yes No

Previous Employer Name and Address (if less than 2 years with present employer) How Long?

Other Income Source(s) and Amount(s)

CREDIT INFORMATION

PLEASE READ AND SIGN BELOW

If a Co-Applicant signs below, the words "I" and "me" refer to each of the Applicant and Co-Applicant. We understand that your personal information is meant to be private and confidential. You are asking us to explore and ideally process financing for a recreational product. You confirm that the information you have given us in respect of this application is true and complete, and you authorize us to rely on and use this information in order to confirm your identity, evaluate your credit worthiness, in relation to the financing contract being entertained. In particular, you agree that we, our affiliates and any third parties acting for us or on our behalf (hereinafter collectively "us" "we" or "our"), may obtain a credit report or other credit information from any credit reporting agency, credit bureau or credit grantor, and may hold, use, exchange and disclose such information for the purpose identified above.

If your application is approved, you authorize us to collect, hold, use, exchange and disclose your personal information, as required, in order to administer your contact, determine your insurance eligibility, and secure the assets being financed, or as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes. You refers to anyone listed above.

We will keep a file containing some or all of your personal information at 212 Christopher St., Stayner, Ontario L0M 1S0. You have a general right to access and correct the personal information in this file by making a written request to the above address.

I certify that the information in this application is true and correct. I authorize you to charge my account with payments when they become due and any costs involved in arranging security.

Signature of Applicant Signature of Co-Applicant Date

VEHICLES(S)

Year	Make	Model	Free & Clear	Leased	Financed	Value
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

OTHER ASSETS / INVESTMENTS

Asset Type	Estimated Value
RRSP's (with)	
Property	
Life Insurance Policies (with)	
Other	
Other	

BANKING

Banking Information	Balance (\$)

RESIDENCE

Registered in Name of	Purchase Price	Estimated Value

LIABILITIES	Taxes Incl'd	Yes	No	Life Ins?	Amount Owing	Monthly Payment
1 st Mortgage Holder with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2nd or other Mortgage Holder with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Property taxes #1	/YR	Property taxes #2	/YR	Property taxes #3	/YR

Landlord if renting	Monthly rent

ALL CREDIT CARDS & OTHER LOANS

Name and Address of Institution	Paid in Full Monthly	Y / N	Personal	Business	Credit Limit	Balance	Monthly Payment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Have you ever claimed bankruptcy or had a repossession? Yes No If yes, when were you discharged? _____

Are there fraud alerts on your bureau? Yes No If yes, when was it placed? _____

Do we have your consent to have your credit bureau pulled? Yes No _____

NOTES:
