

ISLINGTON CHRYSLER CREDIT APPLICATION

5476 DUNDAS ST WEST, TORONTO, ON, M9B 1B6
416 239 3541 or toll free 877 804 3294



APPLICANT PERSONAL INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:	
DATE OF BIRTH:	MARITAL STATUS (SELECT ONE):	EMAIL:	
MONTH DAY YEAR	SINGLE MARRIED COMMON LAW		

RESIDENTIAL INFORMATION: OWN RENT

STREET ADDRESS INCLUDING SUITE # (IF APPLICABLE):	CITY:	PROVINCE	POSTAL CODE:
TIME AT CURRENT ADDRESS:	HOME PHONE NUMBER:	MOBILE NUMBER:	
PREVIOUS ADDRESS (IF LESS THAN 2 YEARS AT CURRENT ADDRESS):			
STREET ADDRESS INCLUDING SUITE # (IF APPLICABLE):	CITY:	PROVINCE:	POSTAL CODE:

APPLICANT EMPLOYMENT INFORMATION:

NAME OF CURRENT EMPLOYER:	PHONE NUMBER:	EXT:	HOW LONG:
POSITION			FULL OR PART TIME:
EMPLOYMENT ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:
NAME OF PREVIOUS EMPLOYER (IF LESS THAN 2 YEARS WITH CURRENT EMPLOYER):		LENGTH OF TIME AT PREVIOUS EMPLOYER:	
PREVIOUS EMPLOYER'S STREET ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:

FINANCIAL INFORMATION AND OBLIGATIONS:

ANNUAL GROSS INCOME (BEFORE TAX):	OTHER MONTHLY INCOME:	OTHER MONTHLY INCOME SOURCE:
MONTHLY RENT OR MORTGAGE PAYMENT:	OTHER MONTHLY OBLIGATION:	SOURCE OF OTHER MONTHLY OBLIGATION:
CO SIGNOR AVAILABLE?	CO SIGNOR NAME:	CO SIGNOR PHONE NUMBER:
CO SIGNOR CURRENT EMPLOYER	CO SIGNOR POSITION:	CO-SIGNOR GROSS ANNUAL INCOME (IF ANY):

I/We, the undersigned, warrant the truth, completeness and accuracy of the information provided and hereby authorize and provide consent to Islington Chrysler and its authorized lenders to obtain a credit report.

I CONSENT TO THE USE AND TRANSFER OF THE INFORMATION LISTED ABOVE BY ISLINGTON CHRYSLER AND ITS LENDERS:

SIGNATURE:	FULL NAME:	DATE:
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CO SIGNOR SIGNATURE: CO SIGNOR FULL NAME: DATE: