



# Credit Application

Fax: (800) 901-8110

Phone: (800) 364-2292

Date:

## Retailer Completes This Section

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Retailer Number	Retailer Name	Salesperson	<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> New <input type="checkbox"/> Used
Make	Model	Year	<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Secondary Asset (e.g. sidecar, engine, trailer)	Model	Year	

Cash Price	<input type="text"/>
F&I Add-ons	<input type="text"/>
Less Down Payment	<input type="text"/>
Less Net Trade-In	<input type="text"/>
Requested Amount	<input type="text"/>

## Applicant Information *Applicant(s) must be at least 18 years old.*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Full Name	Social Insurance Number*	Date of Birth*	Drivers License Number*

\* Each of these items is optional, but at least one of these unique identifiers (your Social Insurance Number, Date of Birth, or Drivers License Number) is needed. Providing your Social Insurance Number is optional; however, without this number, we may not be able to accurately process your request for credit.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Physical Address	City	Province	Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How Long Have You Lived There	Monthly Residence Payment	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Home/Cell Phone Number	E-mail Address	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mailing Address (check box if same as physical address)	City	Province	Postal Code

**Current Employer** Employment Status:  Employed  Self Employed  Retired  Disability  Social Insurance  Rental  Court Order  Investment  Unemployed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer Name	Employment City	Employment Province	Business Phone Number	Ext.	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years/Months There	Gross Income	Income Frequency	Other Income*	Other Income Frequency	

\* Alimony, Child Support, and/or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

## Joint/Cosigner Information *Applicant(s) must be at least 18 years old.*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Joint/Cosigner Full Name	Social Insurance Number*	Date of Birth*	Drivers License Number*

\* Each of these items is optional, but at least one of these unique identifiers (your Social Insurance Number, Date of Birth, or Drivers License Number) is needed. Providing your Social Insurance Number is optional; however, without this number, we may not be able to accurately process your request for credit.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Physical Address	City	Province	Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How Long Have You Lived There	Monthly Residence Payment	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Home/Cell Phone Number	E-mail Address	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mailing Address (check box if same as physical address)	City	Province	Postal Code

**Current Employer** Employment Status:  Employed  Self Employed  Retired  Disability  Social Insurance  Rental  Court Order  Investment  Unemployed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer Name	Employment City	Employment Province	Business Phone Number	Ext.	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years/Months There	Gross Income	Income Frequency	Other Income*	Other Income Frequency	

\* Alimony, Child Support, and/or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.



## References

Name	Phone Number	City	Province
Name	Phone Number	City	Province
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### NOTICE TO APPLICANT(S)

This Credit Application will be submitted to Harley-Davidson Financial Services Canada, Inc. at 3850 Arrowhead Drive, Carson City, NV 89706, U.S.A., for consideration as to whether it meets the credit requirements of Harley-Davidson Financial Services Canada, Inc.

Vehicle insurance covering the collateral is required for the full term of the loan, at your expense, for liability and physical damage coverage for both collision and comprehensive losses to include such perils as FIRE, THEFT, and VANDALISM. Harley-Davidson Financial Services Canada, Inc. must be listed as a LOSS PAYEE AND ADDITIONAL INSURED. Verification will be provided by the applicant in the form of a certificate of insurance through an acceptable carrier with thirty (30) days notice of any intent to cancel or non-renew to be provided by the issuing carrier to the applicant and loss payee. YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.

### PRIVACY NOTICE

By signing this application, you consent to Harley-Davidson Financial Services Canada, Inc. ("HDFS Canada") collecting, using and disclosing the personal information you have provided in connection with this application for the purposes of: evaluating the credit application and your current and ongoing eligibility for credit; providing the products and services you request; managing, administering, servicing and collecting on your account; meeting legal, regulatory, security and processing requirements; and otherwise as permitted or required by law.

We may also collect, verify and exchange your credit related information with credit reporting agencies, and other references you have provided to us in this application and other persons with whom you may have financial dealings. If you provide your Social Insurance Number, it will be used for matching your application to credit reporting agency information and verifying your identity. We may also use and disclose your contact information to our affiliates, Harley-Davidson retailers, Harley-Davidson Motor Company's Canadian distributor (Fred Deeley Imports Ltd.) and other third parties to offer banking, insurance and other products and services that may be of interest to you, as described in the HDFS Canada Privacy Policy. If you do not wish your contact information to be used or disclosed for these marketing purposes, you can withdraw your consent by calling us at 1-866-816-5820, writing our Privacy Officer at P.O. Box 21489, Carson City, NV 89721-1489, U.S.A., or checking the opt-out box below.

Please do not share my contact information with the Harley-Davidson corporate family of affiliated companies or other parties and do not send me any promotional information about Harley-Davidson Financial Services Canada or third party products, programs and services.

Only authorized employees, mandataries, and agents will have access to your personal information for the purposes set out in this Privacy Notice and the HDFS Canada Privacy Policy. Your personal information will be maintained on a confidential basis at 3850 Arrowhead Drive, Carson City, NV 89706, U.S.A. You have a right upon written request to access your credit and other personal information we have in our possession, and to correct any inaccuracies or incomplete information about you in our records. To obtain access to our records of your credit and other personal information, please send a written request to our Privacy Officer at the address set out above.

You can access a copy of your credit report directly from the following credit reporting agencies:

Equifax Canada Inc.  
Consumer Relations Dept.  
7171 Jean-Talon East  
Montreal, Quebec H1S 2Z2  
Telephone: 1-800-465-7166  
www.equifax.ca

TransUnion Canada  
P.O. Box 338  
LCD1 Hamilton, Ontario L8L 7W2  
(for all provinces except Quebec)  
Telephone: 1-866-525-0262  
www.transunion.ca

TransUnion (Echo Group)  
1600 Henri-Bourassa Blvd. Suite 200  
Montreal, Quebec H3M 3E2  
(for Quebec residents)  
Telephone: 1-877-713-3393  
www.transunion.ca

You can also ask the credit reporting agency to correct any information which is inaccurate.

For further information about our personal information practices, please refer to the Harley-Davidson Financial Services Canada Privacy Policy provided to you with this Application.

I hereby certify that the information I have provided in this Credit Application is true, accurate and complete to the best of my knowledge, and

By signing below, I acknowledge that I have received and read the Harley-Davidson Financial Services Canada Privacy Policy and I have read the Privacy Notice and Notice to Applicant(s) sections of this Application and consent to the collection, use and disclosure of my personal information as set forth therein, and

By signing below, I hereby consent to and accept this as prior written notice that Harley-Davidson Financial Services Canada, Inc. may also obtain a credit report about me and collect, verify and exchange credit related information with credit reporting agencies, and other references that I have provided to you in this Application.

**X**

Primary Applicant Signature

Date

City

**X**

Joint/Cosigner Applicant Signature

Date

City