

# KEMPTVILLE TRUCK CENTRE LIMITED



Contact: \_\_\_\_\_ Date: \_\_\_\_\_

## CREDIT APPLICATION

Full Legal Name			
Address			
			Postal Code
How Long yrs	Owner yes <input type="checkbox"/> No <input type="checkbox"/>	S.I.N.	DOB (m/d/y)
Previous Address (If Less Than Three Years)		Spouse's Name	

Employer	Owner/Operator <input type="checkbox"/>	Length of Time
	Driver <input type="checkbox"/> Other <input type="checkbox"/>	Yrs Mths
Monthly Salary \$	Contact & Phone No ( )	
Contract With	Contact & Phone No ( )	
Previous Employment	Occupation	Length of Time Yrs Mths

## STOCK #

CSC/Loan	<input type="checkbox"/>
Equity Lease	<input type="checkbox"/>
Direct Lease	<input type="checkbox"/>
Idealease-daily	<input type="checkbox"/>
Idealease-L/T full maintenance	<input type="checkbox"/>
Idealease-L/T non maintenance	<input type="checkbox"/>

Home ( )
Business ( )
Mobile ( )

## DEAL # APPLICATION #

Years in Business	Incorporation Date	Financial Statements Available? yes <input type="checkbox"/> No <input type="checkbox"/>
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## BUSINESS STRUCTURE

Principals	Title	Address, SIN & DOB

Name of Bank and Other Loan References	Address & Contact	Account #	Telephone No.

## EQUIPMENT DESCRIPTION

Year	N/U	Model	Description Including Additional Equipment	Sale Price
				\$
				\$

## TRADE-IN ITEMS

Year/Model	
Serial Number	
Allowance	\$
Less Lien	\$
Net Trade-in	\$
Lien Holder	

TOTAL	\$	
Plus G.S.T. %	\$	
Plus P.S.T. %	\$	
TOTAL	\$	
Less Cash Down	\$	
Less Net Trade-in	\$	
TOTAL	\$	
Administration	\$	
Other	\$	

**TOTAL BALANCE TO FINANCE** \$

Term	Months	Rate/Factor	Accelerated/Skips
Residual	%	Customer: Non-Fleet <input type="checkbox"/>	Small Fleet <input type="checkbox"/> Over \$1mm <input type="checkbox"/>

## PLATE-HOLDER

REMARKS OR SPECIAL COMMENTS \_\_\_\_\_

I understand that a Consumer Report containing credit and personal information about me or my Company may be obtained from Consumer Reporting Agencies in connection with this application and I consent to the obtaining of such a report and authorize the above named company to investigate all references and to secure additional information, if necessary. I also consent to the above named company divulging personal information about me to other Credit grantors and to Consumer Reporting Agencies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_