



Credit Application

Fax: 604-792-6732

Date:

PERSONAL INFORMATION

Applicant's Name <i>(first name, initial, and last name)</i> Mr. Ms. Mrs. Miss.		Birth Date MM DD YY 		
Number of Dependants	Applicant's Social Insurance Number <i>(optional)</i>	Applicant's Driver's License Number / Province		
Spouse's Name <i>(include first name and initial)</i>		Spouse's Social Insurance Number <i>(optional)</i>		Spouse's Birth Date MM DD YY

ADDRESS INFORMATION

Present Address <i>(Street Number and Name)</i>				City	
Province	Postal Code	How Long? <small>Years</small> <small>Months</small>	Home Telephone Number <i>(include area code)</i>		E-mail
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Room & Board		Rent/Mortgage Amount \$		Landlord's Name and Telephone Number/Mortgage Holder	
Former Address <i>(Street Number and Name) if less than 2 years at present</i>				City	
				Province	

EMPLOYMENT INFORMATION

Present Employer Name			Address		
Business Telephone Number	Nature of Business	How Long? <small>Years</small> <small>Months</small>	Occupation		Gross Monthly Income \$
Former Employer Name <i>(if less than 2 years at present)</i>		Address		How Long? <small>Years</small> <small>Months</small>	Occupation
Spouse Employer Name		Address			Business Telephone Number
How Long? <small>Years</small> <small>Months</small>	Occupation	Gross Monthly Income \$		Source of Other Income \$	

BANK ACCOUNT INFORMATION

	Financial Institution Name	Address	Account Number	Balance		TYPE
1				\$		<input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Other
2				\$		<input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Other

ASSET AND CREDITOR INFORMATION

Asset Description <small>(eg. property, vehicles, investments)</small>	Value	Creditor Name & Address	Monthly Payment	Balance
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$

Have you ever been bankrupt? Yes No Have you ever had a repossession? Yes No

PERSONAL REFERENCES

	Relationship	Name, Address and Telephone Number	Employer
1			
2			

Each of the undersigned: hereby authorize O'Connor RV to investigate my credit record and to establish and maintain a file of personal information about me. I affirm that all information given above is true and complete. I consent to O'Connor RV obtaining consumer reports and other credit information from, and disclosing consumer reports and other credit information to, credit reporting agencies, the credit bureau, any person or corporation with whom or which I have had financial relations and suppliers of services such as collection agencies or bailiffs and persons which O'Connor RV may have business dealings with specifically related to the servicing and financing of my account. I consent to this collection, use and disclosure of consumer reports and other credit information for the purposes of: assessing my credit worthiness in connection with financing transactions, making a decision about my credit application; monitoring, evaluating, servicing and collecting my account; and responding to inquiries about my application, account or file.

_____ Date _____ Applicant's Signature _____ Co-applicant's Signature

FINANCE SECURITY OPTIONS

(to be submitted with all credit applications)

Partially Secured Payment

Option A

Family and Estate Security	No Medical Examinations Asset vs. Liability Single or Joint Coverage	<input type="checkbox"/> Signer Only <input type="checkbox"/> Co-Signer Only <input type="checkbox"/> Joint Coverage
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Partially Secured Payment

Option B

Personal Credit Protection Illness or Injury Select Waiting Period: <input type="checkbox"/> 7-Day <input type="checkbox"/> 14-Day <input type="checkbox"/> 30-Day	No Medical Examinations 24 hour/ day Coverage No Tax on Benefits Variety of Waiting Periods Protects your Credit Rating!	<input type="checkbox"/> Signer Only <input type="checkbox"/> Co-Signer Only <input type="checkbox"/> Joint Coverage
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Fully Secured Payment

Option C

Family and Estate Security and Personal Credit Protection	Both Programs Together	<input type="checkbox"/> Signer Only <input type="checkbox"/> Co-Signer Only <input type="checkbox"/> Joint Coverage
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Customer Signature _____

Co-Buyer Signature _____

Dealership Signature _____



Date _____