Formula Leasing Ltd.
250 Cochrane Drive, Unit #2
Markham, ON L3R 8E5
Phone: 905-415-8248
FAX: 905-415-8249

CREDIT APPLICATION

PLEASE PRINT

Full Name _____ (LAST NAME / FIRST / INITALS)
Marital Status_____
Spouse's Name_____
No. of Dependants _____

Present Address _____ (NUMBER AND STREET / CITY / PROV. / POSTAL CODE)
How Long _____

Previous Address _____ (NUMBER AND STREET / CITY / PROV. / POSTAL CODE)
OWN ☐ RENT ☐ OTHER ☐

Social Insurance No _____
Date of Birth _____ (DD/MM/YY)
Home Phone _____
Mortgage/ Rent $ _____

Driver's License _____
Cell Number_____
Fax Number_____

Present Employer _____ Address _____

How Long _____ Years _____ Business Phone_____ Occupation _____ Monthly Salary $_____

Previous Employer _____ Address _____ How Long _____

Spouse's Employer _____ Occupation _____ Monthly Salary $_____

Other Income: Source_____
Amount Other Income $_____

Bank _____ Branch _____ PCA _____ Current _____ Loan _____

Bank _____ Branch _____ PCA _____ Current _____ Loan _____

CREDIT REFERENCE

NAME OF FIRM	CITY	ACCOUNT NUMBER

Have you ever declared Bankruptcy? No ☐ Yes ☐ When_____

Personal Reference and Contact Number _____

THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND AGREES TO PAY ALL ACCOUNTS UPON RECEIPT UNLESS OTHERWISE EXPRESSLY AGREED.

The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any renewal or extension thereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.

DATE_____ SIGNATURE _____