

**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 INITIALS	Marital Status _____	Spouse's Name _____	No. of Dependents _____
Present Address _____ NUMBER AND STREET CITY PROV. POSTAL CODE	How Long _____		
Previous Address _____ NUMBER AND STREET CITY PROV. POSTAL CODE	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER <input type="checkbox"/>
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 _____
<b>CREDIT REFERENCE</b>				
NAME OF FIRM	CITY	ACCOUNT NUMBER		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
Have you ever declared Bankruptcy? No <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_