

SILVERZINC MOTORS CREDIT APPLICATION FORM

9909 72 Ave
 Edmonton, AB T6E 0Z2
 Tel: (780) 988-8966
 Fax:(780) 989-4897

Date: _____
 Salesperson: _____

Financial Information

| | | |
|--|------------------|-----------|
| Applicants Full Name: | | |
| Address: (Street, City, Province, Postal Code) | | |
| Home Phone #: | Cell Phone #: | |
| DOB: (MM/DD/YY) | SIN: | |
| Rent/Own: | Monthly Payment: | How Long: |
| Mortgage Holder/Landlord: | | |
| Landlords Phone #: | Current Value: | |
| Original Mortgage Amount: | Balance: | |
| Previous Address: (If less than 3 years) | | |

3 Years Employment

| | | | |
|-------------------|--------------|-----------------|--|
| Current Employer: | | Occupation: | |
| Address: | | Phone #: | |
| How Long: | Hourly Rate: | Monthly Income: | |

Previous Employment

| | | | |
|---------------------------|--------------|--------------------|--|
| Previous Employer: | | Occupation: | |
| Address: | | Phone #: | |
| How Long: | Hourly Rate: | Monthly Income: | |
| Previous Employer: | | Occupation: | |
| Address: | | Phone #: | |
| How Long: | Hourly Rate: | Monthly Income: | |
| Previous Employer: | | Occupation: | |
| Address: | | Phone #: | |
| How Long: | Hourly Rate: | Monthly Income: | |

| | |
|---|-------------------|
| Vehicle Interested In: (Year, Make, Model, KM's) | |
| Date: | Signature: |

DECLARATION: Portions of the above Information will be submitted for the purpose of obtaining credit. I hereby authorize SILVERZINC MOTORS to make inquiries they deem necessary concerning the status of my personal credit. The statements above are true and correct to the best of my knowledge and belief. I agree to all of the above print with my signature above.