



Pre Approval Financing Application

FAX 1-888-419-0827

APPLICANT

First Name _____ Middle Initial _____ Last Name _____
Email Address _____
Phone (Home) _____ Phone (Mobile) _____
Home Address: _____
City _____ Prov _____ PC _____

CREDIT INFORMATION

Date of Birth (mm/dd/yy) _____ Social Insurance Number _____
Driver's Licence Number _____
Your Bank (Branch) _____ Bank Acc. Number _____
Have you ever declared bankruptcy? No _____ Yes _____
Monthly Payment for Mortgage or Rent _____ Time at Residence _____
Amount remaining on Mortgage _____ Mortgage Provider _____

EMPLOYMENT INFORMATION

Occupation _____
Employer's Name _____
Employer's Phone _____
Employer's Address: _____
City _____ Prov _____ PC _____
Date of Employment (mm/dd/yy) _____
Monthly Income Before Taxes _____

OTHER INFORMATION

What type of RV are you interested in? _____
Do you have a Trade In? _____ Approximate down payment _____
How did you hear about us? Search Engine Referral _____ Other _____

I HEREBY AUTHORIZE THE BANK: _____
TO OBTAIN INFORMATION ON MY SOLVENCY OR FINANCIAL SITUATION FROM ANY PERSONS AUTHORIZED BY LAW, ANY PERSONS MENTIONED IN THE CREDIT REPORTS OBTAINED AND ANY OTHER FINANCIAL INSTITUTIONS UNTIL ANY OUTSTANDING AMOUNT IS FULLY REPAID. TO USE MY SOCIAL INSURANCE NUMBER FOR IDENTIFICATION PURPOSES AND FOR DATA CONSOLIDATION, FOR THE SERVICES RENDERED BY THE BANK AND IT'S AFFILIATES. TO SHARE THE INFORMATION IT HOLDS ON MYSELF WITH ANY OTHER PERSONS AUTHORIZED BY LAW, ANY PERSONAL INFORMATION AGENTS, ANY FINANCIAL INSTITUTIONS, ANY CO-APPLICANTS OR, WITH MY CONSENT, ANY OTHER PERSONS WHO SO REQUEST IT. TO COMMUNICATE TO THE MERCHANT, THROUGH WHOM I AM MAKING THIS APPLICATIONS THE RESULT OF ANY CREDIT REPORT AND THE INFORMATION JUSTIFYING ITS DECISION TO GRANT OR REFUSE THE LOAN. I REPRESENT AND WARRANT THAT ALL PERSONAL INFORMATION SET OUT HEREIN IS TRUE AND COMPLETE.

Signature: _____ Date: _____



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CO - APPLICANT

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Email Address _____

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City _____ Prov _____ PC _____

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UNTIL ANY OUTSTANDING AMOUNT IS FULLY REPAID. TO USE MY SOCIAL INSURANCE NUMBER FOR
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