



CREDIT APPLICATION

Date

COMPANY

Full Legal Name		Operating as	
Full Address incl. Postal Code		In Business Since	
Phone	Fax	Email	

PERSONAL INFORMATION

First & Last Name		DOB (dd/mm/yyyy)	% of Ownership	SIN #
Partner's First & Last Name		DOB (dd/mm/yyyy)	% of Ownership	SIN #
Address	City, Province		Postal Code	# of yrs there
Home Phone	Cell		Email	
If less than 3 years, give previous Address				

Bank	Branch		# of years there
Insurance Company	Phone	Fax	Contact

ASSETS & LIABILITIES

Real Estate Owned	Value (\$)	Mortgage Holder	Balance (\$)
1		1	
2		2	
3		3	
Stocks, Bonds, RRSPs, etc.			
Vehicles & Equipment	Value (\$)	Lien Holder	Balance (\$)
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
<i>Total Assets</i>		<i>Total Liabilities</i>	

The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize the following entities: Chosen Capital Inc. and its representatives, at any time to obtain on an ongoing basis, verify, use, communicate with and disclose to third parties (including credit reporting agencies, credit exchanges, and credit grantors, on an on-going basis) and of my credit, financial, and personal information that Chosen Capital Inc. deems necessary to complete, service or enforce any lease, ancillary deed or transaction, including but not limited to assignments and securitizations. You authorize us to collect, hold, exchange and disclose your personal information as requested in order to administer your contract & determine your insurance eligibility as required or permitted by law. If you would like to review your own personal information, correct or revise existing information, have any questions, concerns or comments regarding its application please fax (587) 520-0378 or mail 5990 Mullen Way, PO Box 36544 McTaggart PO. Edmonton. AB. T6R 0P9

Partner's Signature _____ Date _____

Partner's Signature _____ Date _____