

PARAMOUNT

TRUCK SALES

Tel. 905-764-5252

Fax. 905-764-1175

Toll-free: 1-800-668-7415

Personal Credit Application

PLEASE PRINT

APPLICANT	First	Middle	Last	Date of Birth MM DD YY			SIN#
	Address			City	Province	Postal Code	# of Years
	Previous Address if less than 3 years			City	Province	Postal Code	# of Years
	Phone # ()	Fax # ()	Cell # ()		email		
	Employer		Address		Employed for Years Mths	Monthly Gross Income	
	Occupation	Supervisor	Work Phone # ()		Drivers License #		
	Previous Employer if less than 3years			Occupation		Employed for Years Mths	
	Name & Address of Landlord/Mortgage Holder Own <input type="checkbox"/> Rent <input type="checkbox"/>			Assessed Value	Mortgage Balance	Monthly Payment	
	Present Vehicle		Finance Source		Payment	Balance	
	Other Assets, GIC's, Bonds, Property:						
SPOUSE	First	Middle	Last	Date of Birth MM DD YY			SIN #
	Employer		Address & Phone Number		Employed for # Years	Monthly Gross Income	
	Occupation		Supervisor		Drivers License #		
	Previous Employer if less that 3 years		Occupation			Employed for # Years	
	Other Income		Describe Other Income			Total Monthly Income	
CREDIT	Have you ever had a car/merchandise repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes when? Day Month Year			
	Have you ever filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes when? Day Month Year			If yes when? Day Month Year			
	Are you obligated to make Alimony, Child Support or Separate Maintenance Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No					Monthly Payment	
	Current Credit Outstanding	Acct #	Date Opened	Original Balance	Monthly Payments	Balance Outstanding	
	1)						
2)							
3)							
REF	Name and Address of Applicants Nearest Relative not living in same household			Phone ()		Relationship	
	Name and Address of Applicants Non Related Local Reference			Phone ()		Relationship	
	Bank/Trust Co.	Address		Acct #	Phone ()	Contact	

LESSEE CONSENTS TO A CREDIT INVESTIGATION AND TO EXCHANGE OF CREDIT INFORMATION (SIGNATURE OF LESSEE)

1. SIGNATURE _____ DATE: _____ REPRESENTATIVE _____

2. SPOUSE SIGNATURE _____ DATE: _____

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Corporate Vehicle Lease Credit Application

Date: _____ Representative: _____

(PLEASE PRINT)

GENERAL	Company Name			Date of Incorporation	Telephone Number
	Address			Type of Business	
	City	Province	Postal Code	Head Office <input type="checkbox"/> Yes <input type="checkbox"/> No	RIN Number ()
	Fax #	Email Address:		Head Office Name	
	Authorized Signing Officer			Head Office Address	
	Name Principal Officers	Position	Address in Full (Res)		Telephone Number ()
					()
REFERENCE	Bank Name		Contact Name	Account Number	
	Bank Address in Full			Telephone Number ()	
	Bank Name		Contact Name	Account Number	
	Bank Address in Full			Telephone Number ()	
	Major Trade Creditors / Credit Cards	Dealing Since	Telephone Number	Maximum Credit	Contact Name
	Financial Statement				
	For Year Ending: _____ <input type="checkbox"/> Attached <input type="checkbox"/> Not Available <input type="checkbox"/> Being Forwarded				
Number of Units in Fleet		Present Lease Source - Name			
Total Amount of Credit Required \$ /month		Address			

LESSEE CONSENTS TO A CREDIT INVESTIGATION AND TO EXCHANGE OF CREDIT INFORMATION (SIGNATURE OF LESSEE)

DATE _____