



CREDIT APPLICATION AUTOMOTIVE REPAIR LOAN

REPAIRER ID#
CONTACT NAME

SECTION 1 - BASIC PERSONAL INFORMATION MR. MRS. MISS MS.

LAST NAME/SURNAME		FIRST NAME		MIDDLE NAME	BIRTH DATE	Y	Y	Y	Y	M	M	D	D		
HOME ADDRESS				CITY/TOWN	PROVINCE	POSTAL CODE									
SOCIAL INSURANCE #	DRIVER'S LICENSE #	PROVINCE	TELEPHONE #		CELL PHONE #										
RESIDENCE STATUS	LENGTH AT RESIDENCE	MORTGAGE/RENT \$	PREVIOUS ADDRESS IF LESS THAN 2 YEARS AT CURRENT ADDRESS												
<input type="checkbox"/> OWNER <input type="checkbox"/> RENTER	YEARS MONTHS														
MARITAL STATUS		# OF DEPENDENTS	SPOUSE/PARTNER LAST NAME		FIRST NAME	MIDDLE NAME	BIRTH DATE	Y	Y	Y	Y	M	M	D	D
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> PARTNERED															
IMPORTANT	NEAREST RELATIVE	LAST NAME	FIRST NAME	RELATIONSHIP	ADDRESS	CITY/TOWN	PROVINCE	TELEPHONE							
	PERSONAL REFERENCE	LAST NAME	FIRST NAME	RELATIONSHIP	ADDRESS	CITY/TOWN	PROVINCE	TELEPHONE							
	PERSONAL REFERENCE	LAST NAME	FIRST NAME	RELATIONSHIP	ADDRESS	CITY/TOWN	PROVINCE	TELEPHONE							

SECTION 2 - EMPLOYMENT & CREDIT INFORMATION (IF "SELF-EMPLOYED" A SEPARATE FORM WILL ALSO BE REQUIRED)

CURRENT EMPLOYER NAME	ADDRESS	CITY/TOWN	TELEPHONE
			()
SUPERVISOR/MANAGER NAME	MONTHLY INCOME \$	OCCUPATION/POSITION	HOW LONG EMPLOYED? MOS. YRS.
IF LESS THAN 1 YEAR, PROVIDE PREVIOUS EMPLOYMENT INFORMATION HERE (AS ABOVE)			
SPOUSE/PARTNER EMPLOYER	MONTHLY INCOME \$	OCCUPATION/POSITION	HOW LONG EMPLOYED? MOS. YRS. WORK TELEPHONE ()
OTHER MONTHLY INCOME AND SOURCES			
P/T JOB: \$	HOBBY INCOME: \$	OTHER: \$	OTHER: \$
PERSONAL BANK	BRANCH ADDRESS/LOCATION	HOW LONG HERE?	TELEPHONE () LOAN AMOUNT \$ PAYMENT \$

SECTION 3 - VEHICLE AND REPAIR INFORMATION

YEAR	MANUFACTURER	MODEL	DRIVE TRAIN	MILEAGE/KILOMETRES
			<input type="checkbox"/> FWD <input type="checkbox"/> 4WD <input type="checkbox"/> RWD <input type="checkbox"/> AWD	
BODY STYLE	VEHICLE CONDITION	TRIM LEVEL/BADGE	VEHICLE ADD-ONS/SPECIAL FEATURES	
<input type="checkbox"/> 2-DOOR <input type="checkbox"/> TRUCK <input type="checkbox"/> SUV <input type="checkbox"/> 4-DOOR <input type="checkbox"/> VAN <input type="checkbox"/> OTHER	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> CLEAN <input type="checkbox"/> AVERAGE <input type="checkbox"/> ROUGH	(EXAMPLE: XLT, GT SE, ETC.)		
TYPE OF REPAIRS REQUIRED				ESTIMATED REPAIR COST \$
REPAIRER REMARKS/COMMENTS (RE: VEHICLE OR APPLICANT, SPECIAL CIRCUMSTANCES, ETC.)				


SECTION 4 - APPROVAL PROCESSING CANNOT COMMENCE UNTIL RECEIPT OF THE FOLLOWING:

(A) VEHICLE REGISTRATION CERTIFICATE, (B) INSURANCE POLICY CERTIFICATE (PINK SLIP), AND (C) VOID PERSONALIZED CHEQUE.

I CONFIRM THAT THE FOREGOING INFORMATION IS ACCURATE AND TRUE. IF APPROVED, I AGREE THAT I AM RESPONSIBLE FOR ALL PAYMENT AMOUNTS ON MY CREDIT ACCOUNT. I AUTHORIZE RIFCO TO OBTAIN INCOME & CREDIT INFORMATION FROM ANY CREDIT REPORTING AGENCY OR FINANCIAL SOURCE, OR PAST & PRESENT EMPLOYER OR ANY OTHER SOURCE TO ASSIST IN THE CREDIT DECISION, AND I AUTHORIZE THE DISCUSSION OR DISCLOSURE OF SUCH INFORMATION AS IS REQUIRED FOR APPROVAL.

I ACKNOWLEDGE THAT I MAY BE REQUIRED TO PROVIDE FURTHER DETAILS TO OBTAIN CREDIT APPROVAL, SUCH AS PAYROLL STUBS FOR INCOME VERIFICATION, COPIES OF UTILITIES OR CABLE TV BILLS FOR ADDRESS CONFIRMATION, AND/OR A LEGIBLE COPY OF MY DRIVER'S LICENSE OR OTHER PHOTO ID FOR IDENTITY PROOF.

SIGNATURE _____ DATE _____, 20____



CREDIT INSURANCE IS A REQUIRED CONDITION ON ALL LOANS TO PROVIDE PROTECTION FOR PAYMENT INTERRUPTION CAUSED BY ACCIDENT, EXTENDED DISABILITY, OR LOSS OF LIFE.

MUST BE FULLY COMPLETED & SIGNED TO START CREDIT APPROVAL PROCESS