



Please fax completed application to: (800) 668-0046
 For further information, please call: (800) 668-1088

PERSONAL Credit Application

GENERAL INFORMATION

SURNAME AND FIRST NAME	DATE OF BIRTH (M/D/Y)	SOCIAL INSURANCE #	
HOME ADDRESS	OWN: <input type="checkbox"/> RENT: <input type="checkbox"/>	HOME TELEPHONE #	FAX #
CITY, PROVINCE	POSTAL CODE	HOW LONG	E-MAIL
PREVIOUS ADDRESS (If less than 3 years at current address)	CITY	PROVINCE	DRIVER'S LICENCE #
SPOUSE'S SURNAME AND FIRST NAME	SPOUSE'S DATE OF BIRTH (M/D/Y)	SPOUSE'S SOCIAL INSURANCE #	

EMPLOYMENT INFORMATION

EMPLOYER	TELEPHONE	CONTACT
POSITION	HOW LONG	ANNUAL SALARY \$
PREVIOUS EMPLOYER (If less than three years with current employer)	POSITION	HOW LONG
SPOUSE'S EMPLOYER	TELEPHONE	CONTACT
SPOUSE'S POSITION	HOW LONG	SPOUSE'S ANNUAL SALARY \$

FINANCIAL INFORMATION

BANK #1	TELEPHONE #	FAX #
BRANCH	ACCOUNT #	CONTACT
BANK #2	TELEPHONE #	FAX #
BRANCH	ACCOUNT #	CONTACT
LANDLORD OR MORTGAGE HOLDER	TELEPHONE #	MONTHLY MORTGAGE OR RENTAL PAYMENT \$
MARKET VALUE \$	MORTGAGE BALANCE \$	OTHER INCOME \$
		SOURCE OF OTHER INCOME

EQUIPMENT AND SUPPLIER INFORMATION

SUPPLIER NAME AND LOCATION	TELEPHONE #	SALESPERSON OR CONTACT
EQUIPMENT DESCRIPTION (Include Make and Model)		NEW: <input type="checkbox"/> USED: <input type="checkbox"/>
TOTAL COST \$ (BEFORE TAXES)	LEASE TERM	DOWN PAYMENT \$
		OTHER INFORMATION

I hereby certify that the information given above is true, accurate and complete in all detail and accurately reflects my financial situation as at the statement date. Furthermore, I fully understand that such information shall be used to determine my credit worth. I authorize Integra Leasing, and/or any credit grantor processing this application, to obtain, in whatever manner it may deem satisfactory, all the information it requires, whatever the source, including a credit information report from a consumer reporting agency, such being hereby authorized to provide any such information.

SIGNATURE (Applicant)	SIGNATURE (Co-applicant)	DATE	
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