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# CONSUMER CREDIT APPLICATION

## CREDIT APPLICATION (Please Print Clearly)

PERSONAL INFORMATION	CO-APPLICANT
Name:	Name:
Address:	Address:
City/Province:	City/Province:
Postal Code:	Postal Code:
Years at current residence:	Years at current residence:
<i>If less than 2 years:</i>	<i>If less than 2 years:</i>
Previous Address: _____ Since: _____	Previous Address: _____ Since: _____
Telephone:	Telephone:
Cellular:	Cellular:
Social Insurance Number:	Social Insurance Number:
Date of Birth (mm/dd/yyyy):	Date of Birth (mm/dd/yyyy):
Marital Status: Single <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
Number of Dependents:	Number of Dependents:
Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Other <input type="checkbox"/>	Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Other <input type="checkbox"/>
Monthly Mortgage/Rent Payment (\$):	Monthly Mortgage/Rent Payment (\$):
Value of Real Estate (\$):	Value of Real Estate (\$):
Mortgage Balance (\$):	Mortgage Balance (\$):
Previous Bankruptcy Y/N?:	Previous Bankruptcy Y/N?:

EMPLOYMENT	EMPLOYMENT
Company:	Company:
Type of Business:	Type of Business:
Position:	Position:
Address:	Address:
Length of Employment:	Length of Employment:
Gross Monthly Salary (\$):	Gross Monthly Salary (\$):
<i>If less than 2 years: Previous Employer:</i>	<i>If less than 2 years: Previous Employer:</i>
Type of Business:	Type of Business:
Position:	Position:
Address:	Address:
Length of Employment:	Length of Employment:

EQUIPMENT SUPPLIER INFORMATION	
Name:	Contact:
Address:	Telephone:
City/Province:	Fax:
Postal Code:	Email:

EQUIPMENT DESCRIPTION		
Quantity	Description (year, make, model)	Price

PAYMENT TERMS	
Total Cost (\$):	
Deposit (\$):	Term Months: Please check box 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 66 <input type="checkbox"/>
Trade Value (\$):	Payments: Please check box Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/>
Financed Amount (\$):	Payments: Please check box Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/>

**CONSENTMENT AND SIGNATURE:** The undersigned certifies that the above information is true and correct. By signing or submitting below, I/we consent to Polaris Leasing Ltd. and/or its warranty obtaining from any Credit Reporting Agency or Credit Grantor with whom the undersigned has financial relations, any information it may require at any time in connection with the credit application hereby, and consent to its full disclosure at any time.

Signature (A) \_\_\_\_\_ Signature (B) \_\_\_\_\_ Date \_\_\_\_\_