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|--|-------------|-------------------------|---|----------------------|-----------|------------------------------------|--|
| Applicants Name: | | Social Insurance Number | | Birth Date: MM/DD/YR | | Marital Status: S M CL D | |
| Address: | | City: | Postal Code: | Rent Own Family | How long: | Payments: | |
| # of Dependants: | Home Phone: | Work Phone: | | Cell Phone: | | Email: | |
| Previous Address (If less than 2 yrs at current) | | How long: | 2nd Previous Address (If less than 2 yrs at 1st Previous) | | | How long: | |

| | | | | | | | |
|--|-----------|---------------------------------|---------|------------|--|-----------|--|
| Applicants Current Employer: | | Employer Contact Name & Number: | | | Self Employed Y / N Full Time Part Time | | |
| How Long: | Position: | Income: | | Before Tax | Additional income & Source: | | |
| | | | | After Tax | | | |
| Applicants Previous Employer (If less than 2 yrs at Current) | | Position: | Income: | | Before Tax | How Long: | |
| | | | | After Tax | | | |
| Applicants 2nd Previous Employer (If less than 2 yrs at 1st previous): | | Position: | Income: | | Before Tax | How Long: | |
| | | | | After Tax | | | |

Co-Applicant Realtionship to Applicant:

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|--|-------------|-------------------------|---|----------------------|-----------|------------------------------------|--|
| Co-Applicants Name: | | Social Insurance Number | | Birth Date: MM/DD/YR | | Marital Status: S M CL D | |
| Address: | | City: | Postal Code: | Rent Own Family | How long: | Payments: | |
| # of Dependants: | Home Phone: | Work Phone: | | Cell Phone: | | Email: | |
| Previous Address (If less than 2 yrs at current) | | How long: | 2nd Previous Address (If less than 2 yrs at 1st Previous) | | | How long: | |

| | | | | | | | |
|---|-----------|---------------------------------|---------|------------|---|-----------|--|
| Co-Applicants Current Employer: | | Employer Contact Name & Number: | | | Self Employed Y / N Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> | | |
| How Long: | Position: | Income: | | Before Tax | Additional income & Source: | | |
| | | | | After Tax | | | |
| Co-Applicants Previous Employer (If less than 2 yrs at Current): | | Position: | Income: | | Before Tax | How Long: | |
| | | | | After Tax | | | |
| Co-Applicants 2nd Previous Employer (If less than 2 yrs at 1st previous): | | Position: | Income: | | Before Tax | How Long: | |
| | | | | After Tax | | | |

I hereby certify that the information given above is true, accurate and complete as at the statement date. I fully understand that such information shall be used to determine my credit worthiness. I understand that ALL INFORMATION WILL BE VERIFIED and any information that proves inaccurate may result in the application being terminated. I authorize Lionautos to obtain all the information it requires. I also authorize Lionautos. to disclose from time to time to other lenders credit bureaus and other reporting agency any credit information about me.

Dated: _____
 Dated: _____

Signed: _____
 Signed: _____