

EPIC

Dealer Solutions Ltd.

Fax: (204) 255-5771

Dealership		Phone Number	
Contact		Fax Number	

Personal Information

Applicants Last Name	First Given Name	Second Given Name	Mr Mrs	Miss Ms	DOB (mm,dd,yyyy)
Present Address				Postal Code	Since
Marital Status: Married	Single Divorced	Common Law Widowed	Separated	No. Of Dependents	SIN
Home Phone	Cell Phone	RENT OWN	Rent Amount \$	Landlord	
Previous Address (if than less than 2yrs)				Postal Code	Since

Employment Information

Employer	Phone No.	Previous Employer (if less than 2yrs)	Phone No.
Address	How Long	Address	How Long
Occupation	Employer Contact Name	Occupation	Employer Contact Name
Gross Monthly Income		Other Income Sources	
Salary/ Wage	\$	Description:	\$

Financial Information

Assets	Market Value	Liabilities	Balance	Monthly Payments
Real Estate (address)		Mortgage		
Vehicle(s) (yr, make, model)				
Deposits & Other Assets (specify) RRSP's		Credit Cards, Lines of Credit, Personal Loans		

Have you claimed bankruptcy in the last 7 years? Yes No
 Are you currently past due on any payments? Yes No

My signature below means that all of the information I have provided is to the best of my knowledge truthful. I hereby authorize EPIC Dealer Solutions Ltd. and credit lenders to obtain, exchange, and release my credit reports, personal information and make any necessary inquires regarding our loan application for the purpose of interested lenders providing funds on our behalf for our conditional vehicle purchase. I authorize those lending institutions who approve this loan application and are willing to provide funds on our behalf to forward a copy of the loan agreement and all other relevant documents to EPIC Dealer Solutions or to the automobile dealership listed on our application

Applicants Signature _____ Date _____

Printed Name _____