



PHONE: 416 633 5626

EMAIL: SALES@AXISAUTOFINANCE.CA

FAX: 1 866 765 8164

CREDIT APPLICATION

APPLICANT					
FIRST NAME		FAMILY NAME		DATE OF BIRTH (MM/DD/YYYY)	SIN#
EMAIL ADDRESS		HOME PHONE #	ALTERNATIVE PHONE #	PROOF OF INCOME <input type="checkbox"/>	PAYSTUB/T4 <input type="checkbox"/> BANK STATEMENTS <input type="checkbox"/> JOB LETTER <input type="checkbox"/> CASH/ NO PROOF <input type="checkbox"/>
MARITAL STATUS:		SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	COMMON LAW <input type="checkbox"/>	DIVORCED <input type="checkbox"/>
RESIDENTIAL INFO:		RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	LIVE WITH PARENTS <input type="checkbox"/>	BOARD <input type="checkbox"/>
NUMBER OF DEPENDANTS :					
STREET ADDRESS			CITY	PROVINCE	POSTAL CODE
MONTHLY PAYMENTS (\$)			PREVIOUS ADDRESS (IF LESS THAN 2 YRS)		
CURRENT EMPLOYER		EMPLOYER CONTACT NAME & NUMBER		EMPLOYER'S ADDRESS	
HOW LONG	POSITION/TITLE		GROSS MONTHLY INCOME (\$)	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	
PREVIOUS EMPLOYER (IF LESS THAN 2 YRS AT CURRENT)			POSITION /TITLE	HOW LONG	ADDITIONAL INCOME SOURCE

CO-APPLICANT					
FIRST NAME		FAMILY NAME		DATE OF BIRTH (MM/DD/YYYY)	SIN#
EMAIL ADDRESS		HOME PHONE #	ALTERNATIVE PHONE #	PROOF OF INCOME <input type="checkbox"/>	PAYSTUB/T4 <input type="checkbox"/> BANK STATEMENTS <input type="checkbox"/> JOB LETTER <input type="checkbox"/> CASH/ NO PROOF <input type="checkbox"/>
MARITAL STATUS:		SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	COMMON LAW <input type="checkbox"/>	DIVORCED <input type="checkbox"/>
RESIDENTIAL INFO:		RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	LIVE WITH PARENTS <input type="checkbox"/>	BOARD <input type="checkbox"/>
NUMBER OF DEPENDANTS :					
STREET ADDRESS			CITY	PROVINCE	POSTAL CODE
MONTHLY PAYMENTS (\$)			PREVIOUS ADDRESS (IF LESS THAN 2 YRS)		
CURRENT EMPLOYER		EMPLOYER CONTACT NAME & NUMBER		EMPLOYER'S ADDRESS	
HOW LONG	POSITION/TITLE		GROSS MONTHLY INCOME (\$)	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	
PREVIOUS EMPLOYER (IF LESS THAN 2 YRS AT CURRENT)			POSITION /TITLE	HOW LONG	ADDITIONAL INCOME SOURCE

THE UNDERSIGNED HEREBY WARRANTS THE INFORMATION GIVEN TO BE TRUE, COMPLETE AND ACCURATE AND CONSENTS TO AXIS AUTO FINANCE OBTAINING ANY AND ALL INFORMATION NECESSARY, INCLUDING BUT NOT LIMITED TO CREDIT BUREAU REPORTS, FOR CREDIT APPLICATION PURPOSES. I/WE ACKNOWLEDGE THAT ANY INFORMATION RELATING TO MY/OUR CREDIT HISTORY MAY BE DISCLOSED TO THE CREDIT BUREAU AND OTHER CREDIT GRANTORS AS PERMITTED BY LAW.

APPLICANT'S SIGNATURE: _____



DATE: _____

CO-APPLICANT'S SIGNATURE: _____

DATE: _____