

CUSTOMER STATEMENT

A P P L I C A N T	Buyer Name (First, Middle, Last)						
	S.I.N.	Birth Date	Status	Dep	Phone #	Cell #	
	Co- Buyer Name (First, Middle, Last)						
	S.I.N.	Birth Date	Status	Dep	Phone #	Cell #	
H O M E	Present Address					How Long?	Years Months
	Previous Address					How Long?	Years Months
	Own	Rent	Family	R&B	Mortgage Co./ Landlord	Branch / Contact	
	Purchase Price	Present Value	Balance Owing		Payment	Life Insurance? Disability Insurance? Both? <input type="checkbox"/>	
I N C O M E	Buyer's Employer			Address Phone			
	Position		How Long?	Gross Monthly Income		Benefits Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Co-Buyer's Employer			Address Phone			
	Position		How Long?	Gross Monthly Income		Benefits Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Previous Employer			Address Phone			
B A N K I N G	Primary Bank			Address Phone			
	Chequing Y N Balance		Savings Y N Balance				
	Bank Creditor Credit Cards		Type	Balance		Payment	
	Bank Creditor Credit Cards		Type	Balance		Payment	
	Bank Creditor Credit Cards		Type	Balance		Payment	
A S S E T S & S E C U R I T Y	Have you ever had an asset repossessed? Y / N		Have you declared Bankruptcy in the last 7 years? Y / N		Have you been off work due to illness or injury in the past 7 years? Y / N		
	Property, Vehicles, Investments, R.R.S.P.'s,				Do you have a private Life Insurance policy? Y / N Benefit?		
	Application to be submitted for approval with option:						
	Life Protection		Joint <input type="checkbox"/>	Single <input type="checkbox"/>			
	Illness & Injury Protection		Joint <input type="checkbox"/>	Single <input type="checkbox"/>			
I/We acknowledge that you will rely on the information above to extend credit. I/We certify that the information above is true and complete.							
Buyer Signature: _____		Date: _____					
Co-Buyer Signature: _____		Date: _____					