Location Lalonde – Division de 141951 Inc.
700 Boul. St-Martin est, Laval (Québec) H7M 4M8

COMMERCIAL APPLICANT

Company's Name (CAPS)	Type of company	Date of creation	Phone Number

Address
N° Street City Province Postal Code

Company's checking account | Contact person

Company who ☐ Leased or ☐ Financed the last vehicle	Address		Monthly payment _____$
Commercial References 1-	Address	Phone Number	Number of years
2-	Address	Phone Number	Number of years
Main shareholder's name	Address	Phone Number	Number of years

INDIVIDUAL APPLICANT

☐ Mr Last Name First name and Initials Date of birth J/J M/M A/A Social Insurance Number
☐ Mrs

SPOUSE Last Name First name and Initials Date of birth J/J M/M A/A Social Insurance Number

ACTUAL ADDRESS
N° Street City Province Postal Code

N° de téléphone ( ) - At this address since A/A M/M ☐ Homeowner ☐ Tenant Value Mortgage Balance

PREVIOUS ADDRESS (if less than 3 years at the actual address)
N° Street City Province Postal Code Years at this address

EMPLOYMENT AND INCOME
Employer's Name Position Years of service

Address Phone Number ( ) - Monthly gross Income $

☐ Full Time ☐ Part Time ☐ Unemployed ☐ Other ☐ Seasonal job Self-Employed ☐ Yes ☐ No

Previous employer's Name (If less than 3 years service at the actual workplace) Years of service

Driver Licence Number Expiry Date

Other income: sources and amount of income

REFERENCES (Parents or friends not living with the principal applicant)

Name	Address	Phone number ( ) -
Name	Address	Phone number ( ) -

I confirm the completeness and accuracy of the information provided in this form.

_____ _____
Signature Date