



Credit Application

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Applicant 1

FIRST NAME		MIDDLE INITIAL	LAST NAME		SOCIAL INSURANCE NUMBER
ADDRESS		APT	CITY		PROV
POSTAL CODE					
YEARS THERE	HOME PHONE		CELL PHONE	BIRTH DATE (MM/DD/YYYY)	
PREVIOUS ADDRESS		APT	CITY		PROV
				YEARS THERE	
REFERENCES (NOT LIVING WITH YOU) 1			PHONE	RELATION	
REFERENCES (NOT LIVING WITH YOU) 2			PHONE	RELATION	

Job Details

EMPLOYER (FULL NAME)	POSITION	BUSINESS PHONE	EXTENSION	YEARS THERE
WORK ADDRESS				
PREVIOUS EMPLOYER	POSITION	BUSINESS PHONE	EXTENSION	YEARS THERE

Co-signer Information

FIRST NAME	MIDDLE INITIAL	LAST NAME		PHONE
RELATIONSHIP TO YOU	SOCIAL INSURANCE NUMBER		BIRTH DATE (MM/DD/YYYY)	
ADDRESS	APT	CITY		PROV
				YEARS THERE
EMPLOYER (FULL NAME)	POSITION	BUSINESS PHONE	EXTENSION	YEARS THERE
PREVIOUS EMPLOYER	POSITION	BUSINESS PHONE	EXTENSION	YEARS THERE

Financial Information

YOUR GROSS MONTHLY INCOME (BORROWER 1) \$		GROSS MONTHLY INCOME (BORROWER 2) \$		
OWN OR RENT (BORROWER 1)	LANDLORD OR MORTGAGE HOLDER	MORTGAGE BALANCE \$	PROPERTY VALUE \$	MONTHLY PAYMENT \$
OWN OR RENT (BORROWER 2)	LANDLORD OR MORTGAGE HOLDER	MORTGAGE BALANCE \$	PROPERTY VALUE \$	MONTHLY PAYMENT \$

Driving School Information

DRIVING SCHOOL NAME AND ADDRESS	DRIVING SCHOOL PHONE
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Loan Information

AMOUNT TO FINANCE \$	FINANCE TERM
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Certification and Consent to Collect, Use and Disclose Information

I, the Applicant, warrant and confirm that the information given herein is true and correct and I understand that it is being used to determine my credit responsibility. CIK Capital Corp. or its affiliates are authorized to obtain, and any source is authorized to disclose, any information CIK Capital Corp. may require at any time relative to this application from each source to which CIK Capital Corp. may apply and each such source is hereby authorized to provide CIK Capital Corp. with such information. CIK Capital Corp. is furthermore authorized to disclose in response to direct inquiries from lenders or credit bureaus, such information on any loaning account as you consider appropriate and I agree to Indemnify CIK Capital Corp. against and save you harmless from any and all claims in damages or otherwise arising from such disclosure on your part. I specifically acknowledge that CIK Capital Corp. may disclose my personal information regardless of when or how such information was collected, to related companies, financial institutions and credit providers with whom CIK Capital Corp. has financial relations.

X _____
 APPLICANT 1 SINGATURE

 DATE

X _____
 APPLICANT 2 SINGATURE

 DATE