



CREDIT APPLICATION

Tel: 506-855-8802 Fax: 506-855-8812

23 Algonquin Crescent, Moncton NB E1G2J6

PERSONAL INFORMATION						
First Name		Middle Name		Last Name		Date Of Birth
Social Insurance Number		Co-Signer First Name		Middle Name		Date Of Birth
Social Insurance Number		Present Address (No., Street)		Apt. No.	Town/City	
Province		Postal Code		Martial Status (Married, Single)		# of dependants
Own or Rent		Monthly Payments		How Long at Present Address		Home Telephone Number
Previous Address (if less than 2 years at present address)						How Long (Years)

EMPLOYMENT INFORMATION					
Employer Name		Telephone Number	Occupation/Position	How Long (years)	Gross Monthly Income
Co-Signer Employer Name		Telephone Number	Occupation/Position	How Long (years)	Gross Monthly Income
Other Income Source(s) (please specify)		Telephone Number	Occupation/Position	How Long (years)	Gross Monthly Income

VEHICLE INFORMATION		RATE YOU CREDIT		<input type="checkbox"/> Excellent	<input type="checkbox"/> Credit Issues
Year	Make	Model & Trim & Color		Mileage (KM)	
Vin #			Selling Price: _____ (Before Taxes)		
Vehicle Info: <input type="checkbox"/> 2WD <input type="checkbox"/> Cruise <input type="checkbox"/> Ext Cab <input type="checkbox"/> 4X4 <input type="checkbox"/> Tilt <input type="checkbox"/> 3 dr <input type="checkbox"/> Automatic <input type="checkbox"/> PW <input type="checkbox"/> 4 dr <input type="checkbox"/> Standard <input type="checkbox"/> PDL <input type="checkbox"/> Sports Pkg <input type="checkbox"/> Diesel <input type="checkbox"/> PS <input type="checkbox"/> Alum Wheels <input type="checkbox"/> Air <input type="checkbox"/> Sunroof <input type="checkbox"/> Towing Pkg			License Fee: _____		
			Admin Fee: _____		
			<input type="checkbox"/> Trade In <input type="checkbox"/> Cash Down: _____		
			warranty: _____ (Before Taxes)		

Dealership Name _____

Lien Payout: _____

Have you declared bankruptcy in the last 7 years YES ___ or NO ___		Have you had a vehicle repossessed YES ___ or NO ___	
Personal Reference (not in same household)	Address	Relationship (friend, Relative)	Telephone Number

CREDIT AGREEMENT

I certify that the above information is correct.

Gateway Loans Inc. may from time to time give any credit and other information about me, including any information on this form, to or receive such information from: (A) any credit bureau or reporting agency; (B) any person with whom I have propose to have financial dealings; and (C) any person in connection with any dealings I have or propose to have with Gateway loans Inc.

I agree that Gateway Loans Inc. may use the above listed information to establish and maintain my relationship with Gateway loans Inc. and offer any services as permitted by law.

Date _____ Applicant's Signature _____ Joint Applicant's Signature _____

Drivers License Number _____