



# EPIC

**DEALER SOLUTIONS LTD.**  
FAX: 204-255-5771



Dealership		Phone Number	
Contact		Fax Number	

**Personal Information**

Applicants Last Name	First Given Name	Second Given Name	Mr Mrs	Miss Ms	DOB (MM,DD,YYYY)
Present Address				Postal Code	Since
Marital Status: Single Married	Common Law Divorced	Separated Widowed	No. Of Dependents		SIN
Home Phone	Cell Phone	RENT OWN	Rent Amount \$	Landlord	
Previous Address (if than less than 2yrs)				Postal Code	Since

**Employment Information**

Employer	Phone No.	Previous Employer (if less than 2yrs)	Phone No.
Address	How Long	Address	How Long
Occupation	Employer Contact Name	Occupation	Employer Contact Name
<b>Gross Monthly Income</b>		<b>Other Income Sources</b>	
Salary/ Wage	\$	Description:	\$

**Financial Information**

Assets	Market Value	Liabilities	Balance	Monthly Payments
Real Estate (address)		Mortgage		
Vehicle(s) (yr, make, model)				
Deposits & Other Assets (specify) RRSP's		Credit Cards, Lines of Credit, Personal Loans		

Have you claimed bankruptcy in the last 7 years?      Yes      No  
 Are you currently past due on any payments?      Yes      No  
 Do you currently have any open collection items?      Yes      No

My signature below indicates that all of the information I have provided is, to the best of my knowledge, truthful. I hereby authorize EPIC Dealer Solutions Ltd. and its credit lenders to obtain, exchange, and release my credit reports, personal information, and make any necessary inquiries regarding our loan application for the purpose of interested lenders providing funds on our behalf for our conditional vehicle purchase. I authorize those lending institutions that approve this loan application and are willing to provide funds on our behalf to forward a copy of the loan agreement, and all other relevant documents, to EPIC Dealer Solutions Ltd. or to the automobile dealership listed on our application.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_