

Please complete all applicable fields below and send your application to leasing@policaro.ca for processing.

Name (Last):	Name (First):	Middle Initial:	M/F:	SIN:	DOB (YYYY/MM/DD):
Marital Status:	Home Phone:	Mobile Phone:	Email Address:		

Address:		City:	Province:	Postal Code:	
Rent/Own/Dependent:	Duration:	Mortgage Holder:	Monthly Payment:	Mortgage Balance:	Market Value:

Previous Address (if less than two years):	City:	Province:	Postal Code:
--	-------	-----------	--------------

Present Employer:	Position:	Telephone:	Duration:	Annual Income:
Employment Address:		Supervisor:		

Previous Employer, if less than 3 years:	Position:	Telephone:	Duration:	Annual Income:
Source of Additional Income:	Annual Income:	Have you ever declared bankruptcy:	Month/Year of Discharge:	

Spouse's name, first, last, middle:			DOB (YYYY/MM/DD):	
Spouse's Employer:	Position:	Telephone:	Duration:	Annual Income:

Reference, not living with you:	Relationship:	Telephone:
Reference, not living with you:	Relationship:	Telephone:
Reference, not living with you:	Relationship:	Telephone:

Driver's License Number:	Insurance Company:	Policy Number:	Expiry Date:
Insurance Broker:	Contact:	Telephone:	

By signing below, you consent to the collection of your personal information, which may be gathered and used by Policaro Leasing and its assignees to perform credit checks and to provide products and to perform other services as may be requested by you. You also consent to Policaro Leasing's disclosure of your personal information to third party companies such as the manufacturer of your vehicle, credit reporting agencies, financial institutions, your insurance agent or company, and/or companies which provide or insure warranties related to your vehicle. We may also disclose your personal information where we are permitted by law to do so.

Signature:	Printed Name:	Date:
------------	---------------	-------