

CONSUMER CREDIT APPLICATION

IndCom Leasing Inc. 5061 Ure Street Oldcastle, ON N0R 1L0 Phone: (519) 737-0020 Toll Free: (866) 613-6274 Fax: (519) 737-0030 www.indcomleasing.com

BORROWER INFORMATION

Borrower Full Legal Name (First, Middle, Last)						Home Address						
Unit #	City						Provine	ce		Postal	Code	
At Home Address Since Month Year	Time at P	(Years))	Type of Housi Joint Ownersh Sole Ownersh	ip 🗌 ip 🔲	Rent 🗌 No Cost Acc						
If Home is Jointly Owned, Annual Income \$	Co-Owner's	Date o	of Birth		Social	Insurance Num	ber	Dr	rivers L	license N	umber	
Email Address				Home Phone Num	iber		Cell	Phone N	umber			
Name of Employer			Position/Title			Employment Start			tart Da	t Date		
Employer Telephone Num	Employer Telephone Number A			Annual Income			Income Type Commission Pension Salaried Self-Employed					
CO-BORROWER INFO												
Borrower Full Legal Name (First, Middle, Last)						Home Address						
Unit #	City						Provine	ce		Postal	Code	
At Home Address Since Month Year (Ye			ious Address Type of Housing Joint Ownership Sole Ownership			Rent 🔲 No Cost Acc	Monthly Mortgage/Rent Payment \$					
If Home is Jointly Owned, Annual Income \$	Co-Owner's	Date o	of Birth		Social	Insurance Num	ber	Dr	rivers L	license N	umber	
Email Address				Home Phone Num	iber		Cell	Phone N	umber			
Name of Employer			Position	n/Title			Emplo	oyment S	tart Da	te		
Employer Telephone Number Ann			ual Income			come Type	Pension Salaried Self-Employed					
EQUIPMENT DETAIL												
Goods & Services Financeo 1. 2. 3.	1:		Co	ost: \$ ost: \$ ost: \$		otal Equipment asurance Cost:	&	Down I \$	Paymen	nt:	Term:	

I/we certify that all the information in this application is true and complete. I/we acknowledge that all the personal information gathered may be used by IndCom Leasing Inc., its funders, agents and assigns, to assess my credit worthiness, provide products, and administrate the contract and to perform services as may be requested by me. IndCom Leasing Inc. may also disclose my personal information to third parties such as but not limited to credit reporting agencies, financial institutions, financing companies, securitization organizations and my insurance agent or company. IndCom Leasing Inc. may also disclose my personal information where they are required or permitted by law to do so. Subject to legal and contractual requirements, you may refuse or withdraw your consent to certain of the identified purposes at any time by contacting the IndCom Leasing Inc., Chief Privacy Officer. By executing this document below, I have consented to these uses and disclosures.

Cost: \$

1		
SIGNATURE	OF BORROWER	

Insurance: Life

Disability

X SIGNATURE OF CO-BORROWER

DATE: