



FINANCIAL SERVICES

CONSUMER APPLICATION

www.provisiofinancial.com

Please Return to: ANTHONY CARROL
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Provisio Financial Services Ltd.
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PH: (604)524-4712
FAX: (604)945-6848

DATE:	EQUIPMENT:	SALES REP:
COST:	TERM:	PAYMENT:
ADDITIONAL INFO:		

PERSONAL HISTORY			
FULL NAME:		DATE OF BIRTH (MM/DD/YYYY)	SOCIAL INS NO. (Optional):
STREET ADDRESS:		RENT [] OWN [] AMT\$	HOW LONG?
CITY:	PROVINCE:	POSTAL CODE:	HOME PHONE:
LANDLORD:	PHONE:	SPOUSE'S NAME:	NO. OF DEP:
PREVIOUS ADDRESS IF LESS THAN 2 YRS AT ABOVE			HOW LONG?

EMPLOYMENT HISTORY			
PRESENT EMPLOYER:		PHONE:	HOW LONG?
OCCUPATION:		CONTACT:	GROSS MONTHLY INCOME:
PREV EMPLOYER IF LESS THAN 2 YRS AT ABOVE:		PHONE:	HOW LONG?
OCCUPATION:		CONTACT:	GROSS MONTHLY INCOME:
SPOUSE'S EMPLOYER:	PHONE:	HOW LONG?	GROSS MONTHLY INCOME:

FINANCIAL HISTORY			
BANK:		BRANCH:	HOW LONG?
CONTACT:	PHONE:	FAX:	ACCOUNT NUMBERS:
PREVIOUS / OTHER BANK:	BRANCH:	PHONE:	HOW LONG?
MORTGAGE HOLDER:	PHONE:	BRANCH OR ADDRESS:	
MORTGAGE OR RENTAL PAYMENT AMOUNTS:	MORTGAGE #:	MARKET VALUE:	MORTGAGE BALANCE:

REFERENCES		
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:	ADDRESS:	PHONE:
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:	ADDRESS:	PHONE:
PERSONAL REFERENCE:	ADDRESS:	PHONE:
PERSONAL REFERENCE:	ADDRESS:	PHONE:

PRIVACY STATEMENT	
<p>I hereby authorize Provisio Financial Services Ltd., its agents, its assigns, or potential assigns (hereinafter collectively referred to as the lessor) to investigate my credit record and to establish and maintain a file of personal information about me. I consent to Lessor obtaining consumer reports and other credit information from now and any future day should it be warranted. And disclosing consumer reports and other credit information to , credit reporting agencies, the credit bureau any person or corporation with whom or which I, have or had financial relations, suppliers of services such as collection agencies or bailiffs' and persons which Lessor may have business dealings with specifically related to the servicing and financing of my account. I consent to this collection, use and disclosure of consumer reports and other credit information for the purposes of: assessing my creditworthiness in connection with financing transactions, making a decision about my credit application monitoring, evaluating, servicing and collecting my account and responding to inquiries About my credit application, account or file. I understand that providing my Social Insurance Number ("SIN") is optional and that the processing of my credit application is not conditional on my providing my SIN. I understand that choosing not to provide my SIN is likely to increase the time required to process the Lessee's application and may result in Lessor not receiving current and accurate information about my credit rating. By signing, I confirm that I have read and understand the content of the privacy Law information sheet and this Consent.</p>	
APPLICANT'S SIGNATURE: X _____	DATE: _____
APPLICANT'S SIGNATURE: X _____	DATE: _____