

LEASE APPLICATION & CONSENT FORM
Consumer Applicants Only



PRIMARY APPLICANT (Full name as it appears on your identification):					
First Given Name:	Middle Name (If any):	Surname:			
Date of Birth (DD-MMM-YYYY):	Marital Status:	Relation to Co-Applicant:	No. of Dependents:	Social Insurance Number (Optional):	
Street Address (Including suite # if applicable):		City:	Province:	Postal Code:	Telephone Number:
Length of time at current address: Y M	Email Address:			Alternative Number:	
Previous Address (If less than 2 years at present address):				Length of time at previous address: Y M	

EMPLOYMENT INFORMATION					
Name of current employer:	Length of Employment: Y M	Current Occupation			Full or Part Time: F/T <input type="checkbox"/> P/T <input type="checkbox"/>
Employment Street Address:		City:	Province:	Postal Code:	Telephone Number:
Name of Previous Employer (If less than 2 years at current employer):				Length of Time at Previous Employer: Y M	
Previous Employer's Street Address:		City:	Province:	Postal Code:	Telephone Number:

FINANCIAL INFORMATION & OBLIGATIONS					
Annual Gross Income (Before tax):	Other Annual Income:	Other Income Description:			
Residence: Own <input type="checkbox"/> Rent <input type="checkbox"/>	Market Value (If owned):	Monthly Payment (Mortgage or rent):	Total Mortgage Amount:	Mortgage Holder:	
Name of closest living relative who does not live with you (First and Last Name/ Town and Province)			Relative's Telephone Number (Including Area Code):		

CO-LESSEE (Full name as it appears on your identification):					
First Given Name:	Middle Name (If any):	Surname:			
Date of Birth (DD-MMM-YYYY):	Marital Status:	Relation to Applicant:	No. of Dependents:	Social Insurance Number (Optional):	
Street Address (Including suite # if applicable):		City:	Province:	Postal Code:	Telephone Number:
Length of time at current address: Y M	Email Address:			Alternative Number:	
Previous Address (If less than 2 years at present address):				Length of time at previous address: Y M	

EMPLOYMENT INFORMATION					
Name of current employer:	Length of Employment: Y M	Current Occupation:			Full or Part Time: F/T <input type="checkbox"/> P/T <input type="checkbox"/>
Employment Street Address:		City:	Province:	Postal Code:	Telephone Number:
Name of Previous Employer (If less than 2 years at current employer):				Length of Time at Previous Employer: Y M	
Previous Employer's Street Address:		City:	Province:	Postal Code:	Telephone Number:

FINANCIAL INFORMATION & OBLIGATIONS					
Annual Gross Income (Before tax):	Other Annual Income:	Other Income Description:			
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Name of closest living relative who does not live with you (First and Last Name/ Town and Province)			Relative's Telephone Number (Including Area Code):		

At Summit Acceptance Corp by its General Partner Summit Acceptance Limited Partnership ("Summit"), we collect personal information to better serve your needs. In order to provide you with our wide variety of services, products and promotions; we may collect the following information when necessary: (1) Contact and mailing information such as; name, address, telephone numbers, fax numbers and email addresses. (2) Employment information, credit information and personal references for those applying for credit. (3) Vehicle information (Equipment specifications, history, serial number etc.) if trading in a vehicle and for repair, recall notice, warranty and registration purposes. (4) Driver's license and insurance information. (5) Life and Disability insurance information.

I/We, the undersigned, warrant the truth, completeness and accuracy of the foregoing information and hereby authorize and consent to Summit Acceptance Corp. by its General Partner Summit Acceptance Limited Partnership ("Summit") obtaining further information about me/us as required to establish and maintain this account. I/we further authorize Summit to exchange personal information about me/us with Credit Grantors, Credit Reporting Agencies and third parties where necessary; to administer this account, to protect my/our interests and Summit's or, if it is believed such disclosure is required by law. I/we agree that information so received and this statement may be retained by Summit.

_____ DATE _____ LESSEE SIGNATURE _____ CO-LESSEE SIGNATURE

This credit application may be signed by you in any number of counterparts and each counterpart shall be deemed to be an original and all of the counterparts taken together shall constitute one document. Counterparts may be executed either in original or electronic form and you agree that any signatures received electronically shall be adopted as original signatures provided, however, you shall promptly forward to us an originally signed copy of this credit application.