

Condition of Product Financed:				
<input type="checkbox"/> New <input type="checkbox"/> Used	Make	Model	Year	Selling Price of Product (excl. accessories and taxes) 1
Trade-In Details:	Make	Model	Year	Gross Trade-In Value 2
Balance of Loan on Trade-In 3	Cash Down Amount 4		Selling Price of Product (accessories and taxes included) Amount financed +2+4-3	

TYPE OF FINANCING APPLICABLE: Fixed Rate Personal Loan on CSC Renewable Rate Personal Loan on CSC Other: _____

FINANCING	IAP INSURANCE	TYPE OF PROMOTION APPLICABLE TO FINANCING
Amount Financed _____	Life Insurance term (in months) _____	<input type="checkbox"/> Interest Paid by Dealer Until: Month: _____ Day: _____ Year: _____ <input type="checkbox"/> Subsidized Rate to Client _____ % <input type="checkbox"/> Other Promotion _____ <input type="checkbox"/> Manufacturer's Promotion _____ Specify: _____
IAP Premium _____	Disability Insurance term (in months) _____	
EW Premium _____	Residual value life insurance _____	
Other Co Premium _____	None _____	
Total Loan Amount _____	Applicant <input type="checkbox"/> Co-applicant <input type="checkbox"/>	
Loan Interest Rate _____ %	Waiting period: _____ days	
Term of Loan _____ month	<input type="checkbox"/> Elimination (the disability insurance does not cover the waiting period)	
Loan Amortization Period _____ month	<input type="checkbox"/> Retroactive (the disability insurance does cover the waiting period)	
	<input type="checkbox"/> Max Ins monthly payment: <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input type="checkbox"/> Max Term Ins / 84 month	
	EXTENDED WARRANTY TERM (in months)	
	REFUSE TO ENROL	
	Life Insurance _____	
	Extended warranty _____	

BORROWER'S PERSONAL INFORMATION

Last Name	First Name	Middle Name	Address Number	Street/Apt.
City	Province	Postal Code	Home Telephone ()	Since (mm/yy)
Date of Birth	SIN (Optional*)	Type and Credit Card Number	Other	
Month: _____	Day: _____	Year: _____		

RESIDENTIAL STATUS

<input type="checkbox"/> OWNER OCCUPANT	<input type="checkbox"/> TENANT
Monthly Rental Income \$ _____	Monthly Rent \$ _____
Mortgage Balance \$ _____	
Monthly Mortgage Payment and Taxes (P. I. T.) \$ _____	<input type="checkbox"/> OTHER
Municipal Property Value \$ _____	Monthly Rent \$ _____

PERSONAL INFORMATION **CO-BORROWER** **SPOUSE** **CORPORATION**

Last Name	First Name	Middle Name	Address Number	Street/Apt.
City	Province	Postal Code	Home Telephone ()	Since (mm/yy)
Date of Birth	SIN (Optional*)	Type and Credit Card Number	Other	
Month: _____	Day: _____	Year: _____		

RESIDENTIAL STATUS

<input type="checkbox"/> OWNER OCCUPANT	<input type="checkbox"/> TENANT
Monthly Rental Income \$ _____	Monthly Rent \$ _____
Mortgage Balance \$ _____	
Monthly Mortgage Payment and Taxes (P. I. T.) \$ _____	<input type="checkbox"/> OTHER
Municipal Property Value \$ _____	Monthly Rent \$ _____

BORROWER'S EMPLOYMENT INFORMATION

Current Employment Status:	Employer or Business Name	Telephone No. ()	Job Title	Since (mm/yy)
<input type="checkbox"/> Self Employed <input type="checkbox"/> Full-Time	Net Annual Income \$ _____	Gross Annual Income \$ _____	Other Annual Income \$ _____	
<input type="checkbox"/> Wage-Earning <input type="checkbox"/> Part-Time				
<input type="checkbox"/> Retired <input type="checkbox"/> Seasonal				

EMPLOYMENT INFORMATION **CO-BORROWER** **SPOUSE** **CORPORATION**

Current Employment Status:	Employer or Business Name	Telephone No. ()	Job Title	Since (mm/yy)
<input type="checkbox"/> Self Employed <input type="checkbox"/> Full-Time	Net Annual Income \$ _____	Gross Annual Income \$ _____	Other Annual Income \$ _____	
<input type="checkbox"/> Wage-Earning <input type="checkbox"/> Part-Time				
<input type="checkbox"/> Retired <input type="checkbox"/> Seasonal				

FINANCIAL INFORMATION

Total Assets \$ _____	Total Debts \$ _____	Payments (monthly) \$ _____
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I hereby authorize Laurentian Bank of Canada (the "Bank"):

- To obtain information on my solvency or financial situation from any persons authorized by law, any persons mentioned in the credit reports obtained and any other financial institutions until any outstanding amount is fully repaid.
- To use my social insurance number for identification purposes and for data consolidations, for the services rendered by the Bank and its affiliates.
- To share the information it holds on myself with any other persons authorized by law, any personal information agents, any financial institutions, any co-applicants or, with my consent, any other persons who so request it.
- To communicate to the merchant or any person or entity, through whom I am making this application the results of any credit report and the information justifying its decision to grant or refuse the loan.

I represent and warrant that all personal information set out herein is true and complete.

Personal information that the Bank holds in my regard will be used in the context of activities generally carried out by the Bank and its affiliates, and solely the employees and agents of the Bank and its affiliates will have access to such information, on condition that the information is necessary to the performance of their duties or mandate. You may at all times, without notifying me, assign my account to any person. The assignee may be required by applicable laws to retain my personal information for a certain period of time.

With a view to benefiting from high-quality service and obtaining all information available regarding the financial products offered by the Bank, its affiliates or any enterprise that has been duly designated by the Bank, I authorize the Bank, its affiliates and any enterprise duly designated by the Bank to make use of the information it holds in my regard in order to communicate any background documentation, advertisement or information to me. I am entitled to request that the Bank refrain from using the information for the purposes set out in this paragraph at any time by providing written notice to the Bank. The Bank will not refuse to provide the services described herein, in the event that I am entitled to them, even if I have revoked my authorization regarding the use of my personal information.

I do not wish to receive any materials or information referred to, in this paragraph.

Any file with which I am concerned will be kept at my branch or in the Bank's appropriate department. The Bank will allow me to examine information to which I am entitled by law, and I may obtain a copy of such information upon payment of amounts charged by the Bank and upon written request.

Signature of Borrower

Signature of Spouse/Co-Borrower

*** Clients who do not wish to provide their SIN, must provide a credit card number as well as the type of the card to validate their identity.**

RESERVED FOR USE BY MERCHANT

We hereby certify that the aforementioned borrower(s) will be purchasing a product from us for the amount stated above, that the identity of the borrower(s) has been verified and that the client(s) has (have) read and signed this document in our presence.

Company Name

Representative

Fax No.