

Financing Application

Lynmar Auto Sales Ltd. 735 Ontario St., Sarnia (519) 491-8210

				Р	ersonal I	nformation
Last Name						First Name
						Phone
A . I . I						Email
Address						License No.
						Age
Housing						Number of Dependants
Rent/Mortgage Cost						Former Address
Landlord						
Time at Current Address						Time at Former Address
Filed for Bankruptcy? Yes No						IF Yes, when?
					t Information	
Employer's Name						
						Occupation
Address						Monthly Income
Work Phone						Length of Employment
Former Employer						Occupation
City					Length of Previous Employment	
References						ences
Name					Address	
Phone Number						
Relationship						Time Known
Name						Address
Phone Number						
Relationship						Time Known
Name						Address
Phone Number						
Relationship						Time Known
Co-Applicant						plicant
Last Name						First Name
						Phone
A ddrocc						Email
Address						License No.
						Age
Housing	Rent	Own				Number of Dependants
Rent/Mortgage Cost						Former Address
Landlord						
Time at Current Address						Time at Former Address
Filed for Bankruptcy? Yes No						IF Yes, when?
Employer's Name						Occupation
Address					Monthly Income	
Work Phone					Length of Employment	
Former Employer						Occupation
City						Length of Previous Employment

I (We) understand that I am (we are) responsible for full insurance coverage, monthly vehicle financing payments and any repairs associated with the vehicle after the warranty has expired until the loan is paid in full.