



MARQUIS LEASING

PERSONAL INFORMATION:

Name (First) _____ (Middle) _____ (Last) _____

Street Address _____ City _____ Postal Code _____

Previous Address (If Less Than Two Years) _____

Telephone: Residence _____ Cellular _____

Date of Birth (D/M/Y) _____ Social Insurance Number _____

Marital Status: Single Married Separated Divorced Common Law Widowed

EMPLOYMENT INFORMATION:

Employer _____ Position _____

Years Employed _____ Annual Income \$ _____

CREDIT INFORMATION:

Credit Card Issuer _____ Balance \$ _____ Monthly Payment \$ _____

Credit Card Issuer _____ Balance \$ _____ Monthly Payment \$ _____

Credit Card Issuer _____ Balance \$ _____ Monthly Payment \$ _____

Loan Issuer _____ Balance \$ _____ Monthly Payment \$ _____

Loan Issuer _____ Balance \$ _____ Monthly Payment \$ _____

Loan Issuer _____ Balance \$ _____ Monthly Payment \$ _____

Mortgage Issuer _____ Balance \$ _____ Monthly Payment \$ _____

Mortgage Issuer _____ Balance \$ _____ Monthly Payment \$ _____

Rent _____ Monthly Payment \$ _____

Have you ever filed bankruptcy in the last 7 years? Yes No

Are you currently in bankruptcy? Yes No

Have you filed consumer protection in the last 5 years? Yes No

Are you currently in consumer protection? Yes No

Do you have a down payment available? Yes No

Amount of down payment \$ _____

IN CONJUNCTION WITH MY APPLICATION FOR CREDIT I HEREBY TAKE NOTICE THAT YOU MAY BE REFERRING TO A CONSUMER REPORT RESPECTING ME CONTAINING PERSONAL INFORMATION AND CREDIT INFORMATION. I HEREBY CONSENT HERETO, AND TO THE DISCLOSURE OF SUCH CREDIT INFORMATION TO OTHER CREDIT GRANTORS OR SERVICE PROVIDERS.

APPLICANT PRINTED NAME _____

APPLICANT SIGNATURE (Please sign before faxing) _____

A REPRESENTATIVE WILL CONTACT YOU ONCE THE APPLICATION IS RECEIVED.

RETURN BY FACSIMILE TO 902.539.8480

**CO-APPLICANT
PERSONAL INFORMATION:**

Name (First) _____ (Middle) _____ (Last) _____

Street Address _____ City _____ Postal Code _____

Previous Address (If Less Than Two Years) _____

Telephone: Residence _____ Cellular _____

Date of Birth (D/M/Y) _____ Social Insurance Number _____

Marital Status: Single Married Separated Divorced Common Law Widowed

**CO-APPLICANT
EMPLOYMENT INFORMATION:**

Employer _____ Position _____

Years Employed _____ Annual Income \$ _____

**CO-APPLICANT
CREDIT INFORMATION:**

Credit Card Issuer _____ Balance \$ _____ Monthly Payment \$ _____

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