

CARFCO – Car Repair Financing Co.
CREDIT APPLICATION FOR VEHICLE REPAIR LOAN

PLEASE COMPLETE THE APPLICATION IN FULL AND RETURN BY FAX ALONG WITH YOUR VEHICLE REGISTRATION TO 1-866-591-8252

SECTION 1 - PERSONAL INFORMATION										<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS.				AFFILIATE I.D. #				
LAST NAME/SURNAME			FIRST NAME			MIDDLE NAME			BIRTH DATE		Y	Y	Y	Y	M	M	D	D
HOME ADDRESS:						CITY/TOWN			PROVINCE			POSTAL CODE						
SIN/SSN			DRIVER'S LICENSE NUMBER			HOME TELEPHONE NUMBER ()			CELULAR NUMBER ()									
DO YOU OWN OR RENT YOUR HOME?			LENGTH AT RESIDENCE						MTG/RENT PAYMENT \$									
<input type="checkbox"/> OWN <input type="checkbox"/> RENT			_____ YEARS			_____ MONTHS												
SPOUCE/PARTNER LAST NAME			FIRST NAME			MIDDLE NAME			BIRTH DATE		Y	Y	Y	Y	M	M	D	D

HAVE YOU EVER RESIDED IN ANOTHER PROVINCE OR STATE, IF SO WHICH ONE?

PREVIOUS ADDRESS IF LESS THAN 2 YEARS AT CURRENT ADDRESS (INCLUDE CITY)

PERSONAL REFERENCES: 3 REFERENCES MUST BE PROVIDED

NEAREST RELATIVE LAST NAME	FIRST NAME	TELEPHONE NUMBER ()	RELATION	CITY/TOWN	STATE/PROVINCE
PERSONAL REFERENCE LAST NAME	FIRST NAME	TELEPHONE NUMBER ()	RELATION	CITY/TOWN	STATE/PROVINCE
PERSONAL REFERENCE LAST NAME	FIRST NAME	TELEPHONE NUMBER ()	RELATION	CITY/TOWN	STATE/PROVINCE

SECTION 2 –EMPLOYMENT AND CREDIT INFORMATION

CURRENT EMPLOYER	ADDRESS	CITY/TOWN			WORK TELEPHONE ()
JOB TITLE	MONTHLY INCOME (GROSS) \$	HOW LONG WITH COMPANY			SUPERVISOR/MANAGER NAME
IF EMPLOYED LESS THAN 2 YEARS, PROVIDE PREVIOUS EMPLOYMENT INFORMATION (AS ABOVE)				OTHER MONTHLY INCOME (SOURCE AND AMOUNT)	
SPOUCE/PARTNER EMPLOYER	MONTHLY INCOME (GROSS) \$	OCCUPATION	HOW LONG WITH COMPANY	WORK TELEPHONE ()	
IF EMPLOYED LESS THAN 2 YEARS, PROVIDE PREVIOUS EMPLOYMENT INFORMATION (AS ABOVE)				OTHER MONTHLY INCOME (SOURCE AND AMOUNT)	

SECTION 3 – VEHICLE & REPAIR INFORMATION

YEAR	MAKE/MANUFACTURER	MODEL	DRIVE TRAIN <input type="checkbox"/> FWD <input type="checkbox"/> 4WD <input type="checkbox"/> RWD <input type="checkbox"/> AWD	MILEAGE/KILOMETERS	
INSURANCE COMPANY		POLICY NUMBER	INSURANCE COMPANY PHONE NUMBER		
INSURANCE DEDUCTIBLE AMOUNT		VEHICLE CONDITION			
TRANSMISSION <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> STANDARD	SERIES (GS, GT, LX, SE, ETC.)	REPAIRS REQUIRED		REPAIR ESTIMATE AMOUNT	

SECTION 4 – VEHICLE LIENS – COMPLETE THIS SECTION ONLY IF YOU ARE HAVING YOUR VEHICLE REPAIRED IN THE PROVINCE OF ONTARIO AND HAVE AN OUTSTANDING LOAN ON YOUR VEHICLE

NAME OF LENDER	REFERENCE OR ACCOUNT # OF LOAN	AMOUNT OUTSTANDING
(A) DATE OF TERMINATION OF AGREEMENT WITH LENDER	AT THE DATE SPECIFIED IN (A), WILL YOUR VEHICLE BE FREE OF LIENS	

IMPORTANT: WE MUST RECIEVE A COPY OF THE VEHICLE OWNERSHIP OR REGISTRATION IN ORDER TO PROCESS YOUR LOAN. PLEASE FAX IT ALONG WITH THIS APPLICATION.

By submitting this application, I am certifying that the information provided in this credit application is accurate and true. I agree that I am fully responsible for all payment amounts due in repayment of my loan. I authorize BHM Financial Group to contact credit reporting agencies, financial institutions, past and present employers, and any other related source for the purpose of obtaining income and credit related information. I authorize the full disclosure of income and credit related information by these sources as is required for approval of financing, and I authorize these sources to accept this document as my written authorization to release any financial and/or credit related information to BHM Financial Group.

All information provided and obtained is kept in the strictest confidence as and will never be released to any third parties unless it is in an effort to provide you with alternate financing.

I acknowledge that I may be required to provide additional document copies such as driver's licence for proof of identity, pay stubs for verification of income, proof of vehicle insurance and a recent telephone bill for confirmation of address.

SIGNATURE _____ DATE _____

APPLICATION MUST BE COMPLETED IN FULL IN ORDER TO BEGIN CREDIT APPROVAL PROCESS.
 UPON COMPLETION, PLEASE FAX IT TO: **1-866-591-8252**