

FLETCHER'S HORSE WORLD - CREDIT APPLICATION

APPLICANT INFORMATION

Full Name:		Dr License:		Expiry of DR:	
Date of birth:	Married/ Common Law/ Single	SIN:	Or 2 nd ID:		
Current address:					
City:		Prov.:	Postal Code:	Phone:	
Own	Rent (Please circle)	Monthly payment or rent:		How long?	
Previous address(if less than 3 years):					
City:		Prov.:	PC:		
Owned	Rented (Please circle)	Monthly payment or rent:		How long?	

EMPLOYMENT INFORMATION

Current employer:					
Employer address:			Phone:		
City:		Prov.:	PC:		
Position:		How long?	Monthly income Before Taxes:		
Previous employer(if less than 3 years):					
Address:			Phone:		
City:		Prov.:	PC:		
Position:		How long?	Monthly income:		

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Full Name:		Dr License:		Expiry of DR:	
Date of birth:	Relationship	SIN:	2 nd ID:	Exp.	
Current address:					
City:		Prov.:	PC:	Phone:	
Own	Rent (Please circle)	Monthly payment or rent:		How long?	
Previous address(if less than 3 years):					
City:		Prov.:	PC:		
Owned	Rented (Please circle)	Monthly payment or rent:		How long?	

EMPLOYMENT INFORMATION

Current employer:					
Employer address:			Phone:		
City:		Prov.:	PC:		
Position:		How long?	Monthly income:		
Previous employer (if less than 3 years):					
Address:					
City:		Prov.:	PC:		
Position:		How long?	Monthly income:		

MORTGAGE / CREDIT CARDS / LOANS

Financial Institution	Market Value.	Current balance	Monthly payment
Mortgage			
Credit Card			

I authorize, Fletcher's Horse World Ltd., to verify the information provided on this form as to my credit and employment history.

Signature of applicant	Date
Signature of co-applicant	Date