



UBIC Vehicle Solutions Inc
 37 Sandiford Drive. Suite 210 Stouffville, Ontario L4A 7X5
 905 787 2009 fax 647 436 9629

Consumer Credit Application

PERSONAL INFORMATION

FIRST NAME		INITIALS	LAST NAME	
HOME ADDRESS		CITY	PROVINCE	POSTAL CODE
HOME PHONE #	HOME FAX #	CELL PHONE #	PAGER #	EMAIL ADDRESS
PREVIOUS HOME ADDRESS		CITY	PROVINCE	POSTAL CODE
S.I.N. #	DATE OF BIRTH	DRIVER LICENSE #	MALE/FEMALE	
SINGLE/MARRIED/DIVORCED		NUMBER OF CHILDREN	CHILDREN AGES	
SPOUSE'S NAME	DATE OF BIRTH	S.I.N. #	DRIVER'S LICENSE #	
PERSONAL REFERENCES (TWO)				
NAME	HOME ADDRESS	CITY	PROVINCE	POSTAL CODE
TELEPHONE #	CELL PHONE #			
NAME	HOME ADDRESS	CITY	PROVINCE	POSTAL CODE
TELEPHONE #	CELL PHONE #			

EMPLOYMENT /BUSINESS INFORMATION

BUSINESS NAME & ADDRESS		CITY	PROVINCE	POSTAL CODE
BUSINESS #	BUSINESS FAX #	BUSINESS CELL #	BUSINESS E-MAIL	
NUMBER OF YEARS AT JOB/BUSINESS	OCCUPATION	GROSS MONTHLY INCOME	OTHER INCOME	
SPOUSE BUSINESS NAME & ADDRESS		CITY	PROVINCE	POSTAL CODE
BUSINESS #	BUSINESS FAX #	BUSINESS CELL #	BUSINESS E-MAIL	
NUMBER OF YEARS AT JOB/BUSINESS	OCCUPATION	GROSS MONTHLY INCOME	OTHER INCOME	
PREVIOUS BUSINESS NAME & ADDRESS	OCCUPATION	BUSINESS #	CONTACT PERSON	

HOUSING INFORMATION

RENT/OWN/LIVING W/PARENTS	RENT OR OWN PAYMENTS	MORTGAGE HOLDER	CURRENT MARKET VALUE	
IF OWN- INITIAL DOWN PAYMENT	BALANCE TO CREDITOR	AMORTIZATION PERIOD	HOW LONG AT CURRENT ADDRESS	
\$	\$			

BANKING INFORMATION

BANK NAME	ADDRESS	TELEPHONE #	ACCOUNT #
TYPE OF ACCOUNT	HOW LONG?	CONTACT PERSON	TRANSIT #

UBIC Vehicle Solutions Inc. is authorized to obtain credit information UBIC Vehicle Solutions Inc. may deem necessary with respect to this application and, the applicant consents to a credit investigation and to the exchange of credit information.

UNDERSIGNED WARRANTS THE TRUTH AND ACCURACY OF THE FOREGOING INFORMATION

 APPLICANT (PRINCIPAL LESSEE)

 CO-APPLICANT (CO-SIGNER)

 DATE