



Applicants Name:

Email Address



1. \_\_\_\_\_
2. \_\_\_\_\_

\*Required fields

<b>Applicant</b>	Social Insurance Number		Birth Date: MM/DD/YY *		Marital Status *		Income Proof (Check all that apply) *	
					S M CL D		<input type="checkbox"/> Paystub/T4 <input type="checkbox"/> Bank Statement <input type="checkbox"/> Job Letter <input type="checkbox"/> Cash/No Proof	
Address *		City *		Postal Code *		How Long *		Dependants - How many people rely on your income? (Children, non-working spouse, parent, etc.)*
License * <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G <input type="text"/> Other _____		Do you? * <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/> Other		Monthly Payments * \$				
Primary Phone Number:		Secondary Phone Number:		Drivers License # & Expiry Date :				
Previous Address (If less than 2 yrs at current) *		How Long *		2nd Previous Address (If less than 2 yrs at Previous) *		How Long *		

Current Employer *		Employer Contact Name & Number		Employer's Address				
How Long *	Position/Title *	Income *		Before Tax <input type="checkbox"/> After Tax <input type="checkbox"/>		Additional Income & Source (CTC, Spousal Support, etc.)		Part time <input type="checkbox"/> Full time <input type="checkbox"/> Gov't Subs <input type="checkbox"/> Self Employed <input type="checkbox"/>
Previous Employer (If less than 2 yrs at current) *		How Long *		2nd Previous Employer (If less than 2 yrs at Previous) *		How Long *		

<b>Co-Applicant</b>	Social Insurance Number		Birth Date: MM/DD/YY *		Marital Status *		Income Proof (Check all that apply) *	
					S M CL D		<input type="checkbox"/> Paystub/T4 <input type="checkbox"/> Bank Statement <input type="checkbox"/> Job Letter <input type="checkbox"/> Cash/No Proof	
Address *		City *		Postal Code *		How Long *		Dependants - How many people rely on your income? (Children, non-working spouse, parent, etc.)*
License* <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G <input type="text"/> Other _____		Do you? * <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/> Other		Monthly Payments* \$				
Primary Phone Number: *		Secondary Phone Number: *		Drivers License # & Expiry Date :				
Previous Address (If less than 2 yrs at current) *		How Long *		2nd Previous Address (If less than 2 yrs at Previous) *		How Long *		

Current Employer *		Employer Contact Name & Number		Employer's Address				
How Long *	Position/Title *	Income *		Before Tax <input type="checkbox"/> After Tax <input type="checkbox"/>		Additional Income & Source (CTC, Spousal Support, etc.)		Part time <input type="checkbox"/> Full time <input type="checkbox"/> Gov't Subs <input type="checkbox"/> Self Employed <input type="checkbox"/>
Previous Employer (If less than 2 yrs at current) *		How Long *		2nd Previous Employer (If less than 2 yrs at Previous) *		How Long *		

Would you like to receive a quote for Auto Insurance?

☐

Please check this box if you would like to receive an insurance quote on this vehicle!

By selecting the above option you hereby authorize Trend Auto Lease GP Inc. to release the necessary information about you to any third party organization for the purposes of supplying an insurance quote on the vehicle for which you are seeking funding. None of TREND Auto Lease GP Inc. and any of their third party administrators and agents, employees, directors, officers and affiliated companies and participating insurance suppliers, nor any other party involved in creating, producing the insurance policy shall be liable for any loss, harm or damage, including without limitation, any direct, indirect, special, third party or consequential damages, howsoever caused.

I hereby certify that the information given above is true, accurate and complete as at the statement date. I fully understand that such information shall be used to determine my credit worthiness and a credit bureau will be obtained. I understand that ALL INFORMATION WILL BE VERIFIED and any information that proves inaccurate may result in the application being terminated. I authorize Trend Auto Lease GP Inc. ("Trend") and associated/related companies to obtain all the information it requires. I also authorize Trend to disclose from time to time to other lenders, credit bureaus and other reporting agency any credit information about me.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

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