



1245 Queensbush Rd  
 Wellesley, Ontario  
 NOB 2T0  
 Phone: 1-888-888-1254  
 Fax: 1-519-656-2919

DATE:	EQUIPMENT:	SALES REP:
COST:	TERM:	PYMT:
ADDITIONAL INFO:		

**PERSONAL HISTORY**

FULL NAME :		DATE OF BIRTH /M/D/Y:	SOCIAL INS NO: (Optional)
STREET ADDRESS:		RENT [ ] OWN [ ] AMT\$	HOW LONG:
CITY:	PROVINCE:	POSTAL CODE:	HOME PHONE:
LANDLORD:	PHONE:	SPOUSE'S NAME:	NO. OF DEP:
PREVIOUS ADDRESS IF LESS THAN 2 YRS AT ABOVE		HOW LONG	

**EMPLOYMENT HISTORY**

PRESENT EMPLOYER:		PH. NO.	HOW LONG:
OCCUPATION:		CONTACT:	GROSS MTHLY. INC.
PREV EMPLOYER IF LESS THAN 2 YRS AT ABOVE:		PH. NO.	HOW LONG:
OCCUPATION:		CONTACT:	GROSS MTHLY. INC.
SPOUSES EMPLOYER:	PH. NO.	HOW LONG:	GROSS MTHLY. INC.

**FINANCIAL HISTORY**

BANK:		BRANCH:	HOW LONG:
CONTACT:	PH. NO.	FAX NO:	ACCOUNT NUMBERS:
PREVIOUS / OTHER BANK:	BRANCH:	PH. NO.	HOW LONG:
MORTGAGE HOLDER:	BRANCH OR ADD:	PH. NO.	
MTGE OR RENTAL PMT AMOUNT\$	MTGE #:	MARKET VALUE:	MTGE. BAL:

**REFERENCES**

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:	ADDRESS:	PH. NO.
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:	ADDRESS:	PH. NO.
PERSONAL REFERENCE:	ADDRESS:	PH. NO.
PERSONAL REFERENCE:	ADDRESS:	PH. NO.

I/WE CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AND CONSENT TO A PERSONAL INVESTIGATION AS ME CONSIDERED NECESSARY BY HEALTHIER LIVING FOR YOU AND OR ALL OF ITS ASSIGNORS. I/WE FURTHER AUTHORIZE HEALTHIER LIVING FOR YOU OR ITS AGENST AND I/WE AUTHORIZE ANY REPORTING AGENCY TO SUPPLY SUCH INFORMATION.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**PRIVACY STATEMENT**

I hereby authorize Healthier Living 4 You, its agents, its assigns, or potential assigns (hereinafter collectively referred to as the lessor") to investigate my credit record and to establish and maintain a file of personal information about me. I consent to Lessor obtaining consumer reports and other credit information from now and any future day should it be warranted. And disclosing consumer reports and other credit information to , credit reporting agencies, the credit bureau any person or corporation with whom or which I, have or had financial relations, suppliers of services such as collection agencies or bailiffs' and persons which, Lessor may have business dealings with specifically related to the servicing and financing of my account. I consent to this collection, use and disclosure of consumer reports and other credit information for the purposes of: assessing my creditworthiness in connection with financing transactions, making a decision about my credit application monitoring, evaluating, servicing and collecting my account and responding to inquiries about my credit application, account or file. I understand that the provision of my Social Insurance Number ("SIN") is optional and that the processing of my credit application is not conditional on my providing my SIN. I understand that choosing not to provide my SIN is likely to likely to increase the time required to process the Lessee's application and may result in Lessor not receiving current and accurate information about my credit rating.

By signing, I confirm that I have read and understand the content of the privacy Law information sheet and this Consent.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_