



Application for Financing

T: 1-800-667-6640 F: 1-855-374-2023

Date: _____ Clinic/Practitioner Name: Oak Ridges SurgiCentre 905-773-1599 Ext. 2306

Please Tell Us About Yourself (Borrower 1)

FIRST NAME		MIDDLE INITIAL	LAST NAME		SOCIAL INSURANCE NUMBER
ADDRESS			APT	CITY	PROV POSTAL CODE
YEARS THERE	HOME PHONE		CELL PHONE	BIRTH DATE (MM/DD/YYYY)	
PREVIOUS ADDRESS		APT	CITY	PROV	YEARS THERE
NEAREST RELATIVE (NOT LIVING WITH YOU)			PHONE	RELATION	
PERSONAL REFERENCES (NOT LIVING WITH YOU) 1			PHONE	RELATION	
PERSONAL REFERENCES (NOT LIVING WITH YOU) 2			PHONE	RELATION	

Please Tell Us About Your Job

EMPLOYER (FULL NAME)	POSITION	BUSINESS PHONE	EXTENSION	YEARS THERE
WORK ADDRESS				
PREVIOUS EMPLOYER	POSITION	BUSINESS PHONE	EXTENSION	YEARS THERE

Co-signer Information (Borrower 2)

FIRST NAME		MIDDLE INITIAL	LAST NAME		PHONE
RELATIONSHIP TO YOU		SOCIAL INSURANCE NUMBER		BIRTH DATE (MM/DD/YYYY)	
ADDRESS		APT	CITY	PROV	YEARS THERE
EMPLOYER (FULL NAME)	POSITION	BUSINESS PHONE	EXTENSION	YEARS THERE	
PREVIOUS EMPLOYER	POSITION	BUSINESS PHONE	EXTENSION	YEARS THERE	

Financial Information

YOUR GROSS MONTHLY INCOME (BORROWER 1)		GROSS MONTHLY INCOME (BORROWER 2)		
\$ _____		\$ _____		
OWN OR RENT (BORROWER 1)	LANDLORD OR MORTGAGE HOLDER	MORTGAGE BALANCE	PROPERTY VALUE	MONTHLY PAYMENT
		\$ _____	\$ _____	\$ _____
OWN OR RENT (BORROWER 2)	LANDLORD OR MORTGAGE HOLDER	MORTGAGE BALANCE	PROPERTY VALUE	MONTHLY PAYMENT
		\$ _____	\$ _____	\$ _____
OTHER SOURCES OF INCOME NOT SHOWN ABOVE – DESCRIPTIONS (EG 2 ND JOB, PENSION, ETC) – BORROWER 1			OTHER INCOME AMOUNT (PER MONTH)	
			\$ _____	
OTHER SOURCES OF INCOME NOT SHOWN ABOVE – DESCRIPTIONS (EG 2 ND JOB, PENSION, ETC) – BORROWER 2			OTHER INCOME AMOUNT (PER MONTH)	
			\$ _____	

Loan Information

DESCRIPTION OF ITEMS TO FINANCE	AMOUNT TO FINANCE
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Acknowledgment and Execution

The Borrower(s) hereby authorize Crelogix and any of its representatives or partners to collect, use and disclose my personal information for the purposes of investigating and providing financial services. I have been informed by Crelogix or its partners or representatives, that my personal information is collected, used and disclosed for the following purposes: (1) to collect credit and related financial information from me, from credit agencies, and from any parties listed herein, (2) to use the information collected to determine my financial situation, to provide financial services I have requested and to offer additional products and services of Crelogix that may be of benefit to me, (3) to share the information with assignees, bankers or funding partners of Crelogix, (4) to share the information collected and any information on my commercial dealings with Crelogix credit agencies or other financial institutions. Further, I specifically acknowledge that Crelogix may assign this agreement and any related agreements in whole or in part from time to time and I agree that any personal information collected in relation to this agreement may be made available to any such proposed assignee.

X _____
BORROWER(1) SINGATURE

X _____
BORROWER(2) SINGATURE