

84-001-0435EC (11/10)

**CREDIT/LEASE APPLICATION**

DEALERSHIP NAME

BUSINESS MANAGER/SALESPERSON

**APPLICANT INFORMATION (Co-applicant must complete a separate form)**

NAME (First, Middle, Last)						DATE OF BIRTH (mm/dd/yy)	
PRESENT ADDRESS				POSTAL CODE	HOW LONG YRS            M		
PREVIOUS ADDRESS (if less than 2 years at present address)				POSTAL CODE	HOW LONG YRS            M		
<input type="checkbox"/> OWN PROPERTY - FREE AND CLEAR		<input type="checkbox"/> WITH RELATIVES/PARTNERS		RENT/MORTGAGE PER MONTH	BALANCE	MORTGAGE CO./LANDLORD	MARKET VALUE
<input type="checkbox"/> OWN PROPERTY - MORTGAGE		<input type="checkbox"/> LEASE/RENT		\$	\$	PHONE:	\$
SOCIAL INSURANCE NUMBER (Optional)			PHONE	E-MAIL ADDRESS			
CELL PHONE NO.	NAME OF ACCOUNTANT (if self-employed)					PHONE	

**EMPLOYMENT INFORMATION**

OCCUPATION/POSITION	EMPLOYER	PHONE	HOW LONG YRS            M	GROSS MONTHLY INCOME \$
PREVIOUS EMPLOYER (if less than 2 years at present employer)		PHONE	HOW LONG YRS            M	
OTHER SOURCES OF INCOME			AMOUNT	PER MONTH
			\$	

**BANKING INFORMATION**

BANK/TRUST COMPANY	LOCATION/BANK ACCOUNT NUMBER	CONTACT	PHONE
BANK/TRUST COMPANY	LOCATION/BANK ACCOUNT NUMBER	CONTACT	PHONE

**REFERENCES (do not include persons living in your household)**

NAME	PHONE
ADDRESS	
NAME	PHONE
ADDRESS	

**VEHICLE INFORMATION**

<input type="checkbox"/> LEASE	<input type="checkbox"/> FINANCE	MAKE/MODEL/YEAR	TERM
<input type="checkbox"/> NEW	<input type="checkbox"/> USED/DEMONSTRATOR		
VEHICLE DRIVER (Name and Address if other than Applicant)		DRIVER'S LICENSE NUMBER OF VEHICLE DRIVER	PHONE

**PREVIOUS VEHICLES**

<input type="checkbox"/> Leased	NAME OF FIRM/PHONE NUMBER	VEHICLE TYPE	ORIGINAL BALANCE	CURRENTLY OWING	MONTHLY PAYMENT
<input type="checkbox"/> Financed					
<input type="checkbox"/> Leased	NAME OF FIRM/PHONE NUMBER	VEHICLE TYPE	ORIGINAL BALANCE	CURRENTLY OWING	MONTHLY PAYMENT
<input type="checkbox"/> Financed					

**LEGAL ACTIONS**

PRIOR BANKRUPTCY	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRIOR REPOSSESSION	<input type="checkbox"/> YES <input type="checkbox"/> NO
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I acknowledge and agree that, upon receipt of a duly signed copy of this application ("Application"), Mercedes-Benz Financial Services, a business unit of Mercedes-Benz Financial Services Canada Corporation, ("MBFS") and the Dealer shall be entitled and authorized to establish a file on me containing personal information.

The object of the file shall be to allow MBFS and its worldwide affiliates and assignees (1) to evaluate my credit and solvency; (2) to make a decision with regard to the Application and the possible execution of an agreement, including a contract for lease or financing of a purchase of a motor vehicle; (3) to monitor, record and determine during the term of such a contract my compliance with all or part of the obligations contained therein; (4) to answer any questions I might have with respect to the Application, any contract I may enter into and the file in general; (5) to record, manage, evaluate and collect, if applicable, any amount owing by me to MBFS; (6) to develop and implement customer programs, including communicating with me by providing me with materials such as offers, updates and information which may be of interest to me; (7) to maintain and use the information as a credit history; and (8) to meet legal and regulatory requirements.

To achieve the object of the file, I understand that the personal information contained in my file shall be made available only to the employees, representatives and agents of MBFS and its worldwide affiliates and assignees who require it in the course of the performance of their duties or mandates. The personal information in my file will be used to make any relevant decisions in order to achieve the object of the file.

The file relating to me shall be kept at my MBFS Regional Office (the address of which can be supplied by the Dealer). MBFS shall inform me in writing if my file is moved to a new location. I understand that I shall have the right: (1) to obtain access to the personal information in my file and (2) to rectify any personal information in my file which is inaccurate, incomplete, ambiguous or out-of-date. I shall be entitled to exercise either one of these rights by addressing a written request for access or rectification to my MBFS Regional Office in care of the Access to Information Manager.

I authorize MBFS and the Dealer to collect the necessary personal information concerning me to fulfill the object of the file, from third persons, including credit agencies, information and collection agencies, credit reporting bureaus, financial institutions, insurance companies, insurance brokers, my past, present and future employers, creditors and landlords, motor vehicle dealers, government agencies, my spouse or any other person who has or will have information related to my credit history and my solvency, my whereabouts or the whereabouts or condition of any property that is or has been owned, held or leased by me. I specifically consent to the release and disclosure of personal information by such persons to MBFS and the Dealer.

If I request credit life or disability insurance, I expressly authorize any doctor, physician, a member of a professional corporation in the health sector, health establishment, clinic, hospital or medical information office or a health information custodian to disclose, release and communicate to MBFS personal information, including personal health information, concerning me and expressly authorize MBFS to disclose personal information to them.

I expressly authorize MBFS and the Dealer to disclose personal information concerning me to each other, to any of their worldwide affiliates and assignees, to other third persons including advertising and marketing agencies dealing with MBFS agencies, to credit reporting bureaus, to financial institutions, to insurance companies, to insurance brokers, to vehicle manufacturers, to motor vehicle dealers, to auction houses, to my creditors, to persons to whom I have applied for credit, to assignees and agents of such third parties, and to any other person to whom MBFS or the Dealer deem it necessary to further my interest or to fulfill the object of the file.

I specifically consent to the use by MBFS of my Social Insurance Number, if supplied, for the purpose of recording, identifying and retrieving my personal information. Supplying my Social Insurance Number helps MBFS distinguish me from others with similar information and accelerates the process of achieving the object of the file.

I have read the Application and the Consent respecting the collection, use, release, disclosure, communication and holding of personal information concerning me. I understand the significance and the necessity of giving such a consent which is given voluntarily without any coercion and which will be valid for so long as it is needed in order to achieve the object of the file. I acknowledge that the Dealer or its representatives have no authority to waive or modify any question in the Application, or bind MBFS by making a promise or representation or by giving or receiving information without the written consent of MBFS. I acknowledge that MBFS may employ service providers or share information with its affiliates located in the United States or Germany in order to fulfill the objects of the file and as a result my information may be processed and stored in these countries (or possibly other countries if processing of data is outsourced) and these countries' courts, governments or law enforcement agencies may obtain disclosure of my information through the laws of these countries.

I accept that a photocopy of the Application and the Consent or a facsimile of same shall be considered as valid as the original.

I declare and warrant that the information that I have provided above is true, accurate and complete and that it is not false or misleading in any way. I further declare and warrant that a bankruptcy proceeding is neither presently in progress nor anticipated and acknowledge receiving a copy of this Application.

I acknowledge that the Application and the Consent were drafted in the English language in accordance with my request. Je déclare avoir exigé que cette demande et ce consentement soient rédigés et complétés en langue anglaise.

I acknowledge that a consumer/personal report containing credit, medical or personal information will be referred to in connection with the Application. I consent to the preparation of such a report and to MBFS and the Dealer obtaining such a report from credit bureaus/consumer reporting agencies.

Applicant Signature

SIGNATURE OF APPLICANT  <b>X</b>	DATE  <b>X</b>
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