

CREDIT/LEASE APPLICATION

DEALERSHIP NAME

BUSINESS MANAGER/SALESPERSON

APPLICANT INFORMATION (Co-application must complete a separate form)

NAME (First, Middle, Last)				DATE OF BIRTH (mm/dd/yy)	
PRESENT ADDRESS			POSTAL CODE		HOW LONG
PREVIOUS ADDRESS (if less than 2 years at present address)			POSTAL CODE		HOW LONG
<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	GROSS MONTHLY INCOME
				\$
PREVIOUS EMPLOYER (if less than 2 years at present employer)		PHONE	HOW LONG	GROSS MONTHLY INCOME
				\$
OTHER SOURCES OF INCOME			AMOUNT	
			\$	PER

BANKING INFORMATION

BANK/TRUST COMPANY	LOCATION	CONTACT	PHONE
BANK/TRUST COMPANY	LOCATION	CONTACT	PHONE

REFERENCES (do not include persons living in your household)

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

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

I acknowledge and agree that, upon receipt of a duly signed copy of this application ("Application"), Mercedes-Benz Financial, a business unit of DaimlerChrysler Financial Services Canada Inc., ("MBF") 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 MBF 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 MBF; (6) to develop and implement customer programs; (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 MBF 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 MBF Regional office (the address of which can be supplied by the Dealer). MBF 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 MBF Regional office in care of the Access to Information Manager.

I authorize MBF 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 MBF.

If I request a 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 MBF personal information, including personal health information, concerning me and expressly authorize MBF to disclose personal information to them.

I expressly authorize MBF 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 MBF

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 MBF 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 MBF of my Social Insurance Number, if supplied, for the purpose of recording, identifying and retrieving my personal information. Supplying my Social Insurance Number helps MBF 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 MBF by making a promise or representation or by giving or receiving information without the written consent of MBF.

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 MBF and the Dealer obtaining such a report from credit bureaus/consumer reporting agencies.

Applicant Signature

SIGNATURE OF APPLICANT X	DATE X
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