

**CREDIT REQUEST DETAILS**

Dealer Name: _____	Dealer #: _____
Description of Product to be Financed: _____	<b>Please Attach Bill of Sale</b>
Amount: \$ _____	Requested Interest Rate: _____ %
Term: _____ (months)	Amortization: _____ (months)

**ABOUT THE APPLICANT**

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/>	First Name	Initial	Surname	Social Insurance Number (Optional)	Residential Status
	Address	City	Province	Postal Code	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Parents <input type="checkbox"/> Other
Monthly Rent or Mortgage Payment (Including Taxes)		Home Phone Number		Date of Birth	
\$ _____		( )		(mm/dd/yyyy)	
Employer	Self Employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Phone Number	Occupation
			( )	Gross Income	<input type="checkbox"/> Annual # Years/Months <input type="checkbox"/> Monthly
Employer's Address (Street Address, not a P.O. Box)			City	Province	
Previous Employer (If less than 3 years)			Phone Number	Occupation	# Years/Months
			( )		
What type is your Bank Account: Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Chequing/Savings <input type="checkbox"/> None <input type="checkbox"/>					
Are you a TD Canada Trust Customer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Account # _____ Branch _____					
Visa / MasterCard # _____					

**FINANCIAL INFORMATION**

ASSETS	Present Value	LIABILITIES	Monthly Payment	Balance Owning
Property (Residential/Cottage)	\$ _____	Property (Residential/Cottage)	\$ _____	\$ _____
Other Assets (stocks, RSP's, vehicles)	\$ _____	Lease Payments	\$ _____	\$ _____

**ABOUT THE CO-APPLICANT (WHERE APPLICABLE)**

Relationship to Applicant Spouse/Common Law <input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/>					
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/>	First Name	Initial	Surname	Social Insurance Number (Optional)	Residential Status
	Address	City	Province	Postal Code	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Parents <input type="checkbox"/> Other
Monthly Rent or Mortgage Payment (Including Taxes)		Home Phone Number		Date of Birth	
\$ _____		( )		(mm/dd/yyyy)	
Employer	Self Employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Phone Number	Occupation
			( )	Gross Income	<input type="checkbox"/> Annual # Years/Months <input type="checkbox"/> Monthly
Employer's Address (Street Address, not a P.O. Box)			City	Province	
Previous Employer (If less than 3 years)			Phone Number	Occupation	# Years/Months
			( )		
What type is your Bank Account: Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Chequing/Savings <input type="checkbox"/> None <input type="checkbox"/>					
Are you a TD Canada Trust Customer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Account # _____ Branch _____					
Visa / MasterCard # _____					

**DISCLOSURE & CONSENT**

The words "you", "your" and "yours" mean the Applicant and each Co-Applicant. The words "we", "us" and "our" mean the TD Bank Financial Group\*. The "Dealer" is the dealer who completes the credit application and submits it to the TD Bank Financial Group for approval.

**Use of Information** - In this section, the word "Information" means your personal information (except health information). It includes information provided to us by you, including through the products and services you use, and obtained from others with your consent. You agree that the Dealer may disclose Information set out in this form to us for our use as set out below. We may advise the Dealer of our decision to approve or decline the application.

**How We Use Information** - We may use Information: to establish and serve you as our customer; to determine whether any products or services of the TD Bank Financial Group are suitable for you and offer them to you; to help protect you and us against fraud and error; or, as required or permitted by law. When you provide us with your Social Insurance Number, we may use it to keep your Information separate from that of other customers with a similar name, including Information obtained through the credit approval process. We may share Information within the TD Bank Financial Group, where permitted by law.

**Collection and Use of Credit Information - we may obtain Information about you from parties outside the TD Bank Financial Group, including through a credit check, and verify Information with them.** You authorize those parties to give us the Information. We may disclose Information to other lenders, credit bureaus, the supplier(s) of goods and/or services to you and mortgage insurers - this helps establish your credit history and support the credit process.

You agree to the terms of the TD Bank Financial Group Privacy Agreement, a copy of which has been or will be provided to you and can also be obtained online at [www.td.com](http://www.td.com). You may also obtain our privacy code - "Protecting Your Privacy" - or review your options for refusing or withdrawing this consent, including your option not to be contacted about offers of products or services, by contacting us at 1-866-567-8888.

You acknowledge that the Dealer (the supplier of goods and/or services to you) is our agent only for the purpose of completing the credit application and submitting it to us for approval. The Dealer is not permitted to make any representations or warranties that are inconsistent with the written terms and conditions of any agreement with us. If you are applying for a Home Renovation loan, then you represent that you are all legal owner(s) of the premises where the purchased goods property to be financed is to be installed.

THIRD PARTY DETERMINATION - Is this loan being taken for the benefit of someone other than the Applicant or Co-Applicant  YES  NO  
 If the Applicant and/or Co-Applicant answered "yes", Dealer must complete and submit the Third Party Determination Form.

\_\_\_\_\_  
 Date (mm/dd/yyyy) Applicant's Signature Co-Applicant's Signature