

Voyager RV Centre Credit Application

Fax to: 250-766-4649

First Name: _____

Middle Name: _____

Last Name: _____

Social Insurance Number: _____

Driver's License Number: _____

Expiration Date: _____

Street Address: _____

City: _____

Province/State: _____

Postal Code/Zip Code: _____

Country: _____

Date of Birth: _____

Home Telephone: _____

Work Telephone: _____

Mobile Telephone: _____

E-mail Address: _____

Residential Status

Home Status: _____

Own

Rent

Other

Landlords Name (if renting): _____

Home Value: _____

Mortgage Balance: _____

Mortgage/Rent Payment (mo): _____

Mortgage Institution: _____

How Long at Residence: _____

Previous Address (if less than 2 years at current address)

Street Address: _____

City: _____

Province/State: _____

Postal Code/Zip Code: _____

Country: _____

Occupation: _____

Employer: _____

Employer Civic Address: _____

Employer City: _____

How Long at Current Job: _____

Annual Income: _____

Other Income: _____

Other Income Description: _____

What kind of RV are you looking for?

Preferred RV Type: _____ Year: _____
Make: _____ Model: _____
Salesman Name: _____

Co-Applicant Information

First Name: _____
Middle Name: _____
Last Name: _____
Social Insurance Number: _____
Driver's License Number: _____ Expiration Date: _____
Street Address: _____ City: _____
Province/State: _____ Postal Code/Zip Code: _____
Country: _____
Date of Birth: _____
Home Telephone: _____ Work Telephone: _____
Mobile Telephone: _____
E-mail Address: _____

Residential Status

Home Status: Own Rent Other
Landlords Name (if renting): _____
Home Value: _____
Mortgage Balance: _____
Mortgage/Rent Payment (mo): _____
Mortgage Institution: _____
How Long at Residence: _____

Previous Address (if less than 2 years at current address)

Street Address: _____ City: _____
Province/State: _____ Postal Code/Zip Code: _____
Country: _____

