



Thank you for your interest in ARFC Finance! Please fill out this form, email it to us, and we will contact you for approval within 48 hours.

LOAN APPLICATION FORM

PERSONAL INFORMATION
First Name: Last Name:
E-mail: Telephone:
Social Insurance Number: Credit card number:
Date of birth (Day/Month/Year): Expiry Date (Month/Year):
CURRENT ADDRESS (From __/__/__ to __/__/__):
Street: City:
Province: Postal Code:
PRIOR ADDRESS (From __/__/__ to __/__/__): (IF LESS THAN 2 YEARS AT YOUR CURRENT ADDRESS)
Street: City:
Province: Postal Code:
INFORMATION ABOUT YOUR LOAN
Amount: How often would you like to repay your loan (circle one):
Monthly bi-weekly weekly
Purpose: When would you like to start repaying your loan? (Day/Month/Year)
WORK INFORMATION
Income type: Employer:
Position: Approximate Hiring Date:
Telephone: Take Home Pay & Frequency:
REFERENCE
First Name: Last Name:
Telephone: Relationship:
PLEASE PROVIDE THE FOLLOWING COPIES OF DOCUMENTS:
1st ID with picture [] Last notice of assessment []
2nd ID with picture [] Last four (4) pay slips []

[] (initials) I hereby confirm that all the information provided is up to date and accurate.

[] (initials) I hereby declare that I wish to have my Loan Agreement in English.

Signed this ___ day of ___, 20__.

(signature)