

# PERSONAL STATEMENT

Purchase Price \$	Down Payment \$	Finance Amount \$	Term	Equipment Description	
Name		S.I.N.	Date Of Birth YYYY/MM/DD	# Of Dependents	
Home Address	City & Province	Postal Code	Phone ( )	Monthly Rent \$	Time
Previous Address If Less Than 2 Yrs	Spouse's Name		S.I.N.	Date Of Birth YYYY/MM/DD	
Employer	Address	Phone ( )	Position	Time	
Previous Employer If Less Than 2 Yrs.	Address	Phone ( )	Position	Time	
Spouses Employer	Address	Phone ( )	Position	Time	
Applicant Salary \$	Spouse Salary \$	Other Income \$	Total Income \$		

If other income (listed above) exists, please describe the source of this income:

Bank	Branch	Contact Name	Phone ( )	Fax ( )
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ASSETS	VALUE	LIABILITIES	PAYMENT	BALANCE
Real Estate <i>Home</i>	\$	Mortgage	\$	\$
Real Estate <i>Specify</i>	\$	Mortgage	\$	\$
Other <i>Specify</i>	\$	Other	\$	\$
Vehicles (1) <i>Year &amp; Make</i>	\$	Loan <i>Specify</i>	\$	\$
Vehicle (2) <i>Year &amp; Make</i>	\$	Loan <i>Specify</i>	\$	\$
Cash	\$	Credit Card	\$	\$
RRSP	\$	Credit Card	\$	\$
Stocks, Bonds, Etc. <i>With</i>	\$	Other Debt.	\$	\$
Misc. <i>Specify</i>	\$	Personal Guarantees	\$	\$
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>	<b>\$</b>
<b>NET WORTH</b>	<b>\$</b>			

**Prior Bankruptcy** Yes  No  **Judgement Enforcements** Yes  No  **Collection Activity** Yes  No  **Any other businesses** Yes  No

## PERSONAL REFERENCES

Name	Address	Phone ( )
Name	Address	Phone ( )

The undersigned certifies the foregoing information to be true and correct. We consent to CEM Financial Services Inc. collecting and using information from any credit grantor and credit reporting agency and any of the references provided and using this information in order to determine our credit worthiness and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or credit grantor with whom the undersigned or CEM Financial Services Inc. has financial relations. I acknowledge that if I have any questions regarding this information I may contact the offices of CEM Financial Services Inc.

Applicant's Signature	Date	YYYY/MM/DD
Co-Applicant's Signature	Date	YYYY/MM/DD