



Pay By The Day Company, Inc.
193 Jardin Drive, 2nd Floor West
Concord, ON L4K 1X5
Phone: 905-760-0475
Fax: 905-738-7164
Toll Free: 1-800-854-7970
www.paybytheday.com

Credit Application

Pay By The Day Information	Date:	Salesperson:
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Individual Information				
Last Name:	First Name:	Date of Birth:	Initial(s):	SIN:
Address:	Apt:	City:	Province:	Postal Code:
How long: Yrs	Own <input type="checkbox"/> Rent <input type="checkbox"/>	Phone:	Fax:	E-Mail:
Previous Address (if > than 3 yrs):	Apt:	City:	Province:	

Spousal/Co-Applicant Information				
Last Name:	First Name:	Date of Birth:	Initial(s):	SIN:
Address:	Apt:	City:	Province:	Postal Code:
Phone:	Employer Name:	How Long: Yrs	F/T <input type="checkbox"/> P/T <input type="checkbox"/> Self <input type="checkbox"/> St. <input type="checkbox"/> Ret. <input type="checkbox"/>	
Income: \$	Month \$	Year	Position:	Contact Name: Work Phone:

Employment/Income Information				
Employer Name:	Income: \$	Month \$	Year	How Long: Yrs Phone:
Position:	Contact Name:	Previous Employer (if > than 3 yrs)		
Other Monthly Income:	Sources of Other Income:			
NSF cheques? Yes <input type="checkbox"/> No <input type="checkbox"/>	Declared Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, When?		

Financial Information				
Mortgage/Rent Payments \$	Month	Estimated Value of Real Estate: \$	Mortgage Amount: \$	
Bank Name:	Branch:	Phone:	Account #:	
Mtg. Co. Name:	Branch:	Phone:	Account #:	
Credit Cards	Other Loans:			
Name	Number	Balance Owing	Name	Monthly Payments Balance Owing

Please Fax This Form Toll-Free to 1-866-330-5533

The undersigned certifies the above information to be true and correct. By signing below, I/we consent to Pay By The Day Company, Inc. obtaining from any credit reporting agency or credit grantor, such information as it may require at any time in connection with the credit hereby applied for and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or to any credit grantor with whom the undersigned has financial relations

X _____ **X** _____ **X** _____
 Signature of Applicant Signature of Co-Applicant Date

