



Credit Application Form

Fax to 902-831-3196

Name		Gender	
(First, Last)	D. (CD: 4)	.,	
SIN	Date of Birth	e-mail	
Address	D. A.I.C. I.	D *	
City Residence Status	Postal Code Vears at	Province	
(own, rent, other)	Residence	Phone	
(own, rent, other)	Residence		
	Previous Address ij	^c annlicable	
Address	110,1000 1100,1000 9	uppireuere	
City	Postal Code	Province	
Employer		Phone	
Occupation			
Years at current	Gross Annual	Spousal	
employer	Income	Income	
Bankruptcy	Credit Card		Expiry (mm/yy)
Total Monthly	Monthly	Other Monthly	
Payments	Residence Costs	Obligations	
	Co-Applic		
Name		Gender	
(First, Last)			
SIN	Date of Birth	e-mail	
Address	D (1C)	n .	
City	Postal Code Years at	Province	
Residence Status	Residence	Phone	
(own, rent, other)	Residence		
	Previous Address ij	f applicable	
Address	Trevious nucleus y	иррисион	
City	Postal Code	Province	
City	1 05001 0000	Trovinee	
Employer		Phone	
Occupation			
Years at current	Gross Annual	Spousal	
employer	Income	Income	
Bankruptcy	Credit Card		Expiry(mm/yy)
Total Monthly	Monthly	Other Monthly	
Payments	Residence Costs	Obligations	
Consent			
I consent to the Yamaha dealer to collecting personal information set out above and to disclose it to GHR Systems Inc. and to HSBC Retail			
	authorize GHR Systems Inc. and HSBC Retail Services I		
	as permitted by law, and to furnish other credit grantor	s and credit reporting agencies wit	h particulars of this credit
application and sub	sequent credit experience.		
Signature (application	nt)	Date	
Signature (applicant) Date Date			
Signature (co uppr			
	Requested Fi	nance	
Term	Amour		
Equipment			
Description			
2 coci iption			