

Surname		Given name(s)		Date of birth		Customer since	
Address - include postal code				Since		Telephone number	
Occupation				Social insurance number (optional)		No. of dependents (excluding spouse)	
Name of employer				Since		Telephone number	
Address of employer - include postal code							
Name of spouse				Spouse's occupation			
Spouse's employer and address - include postal code				Since		Telephone number	

Assets	Amount	Liabilities	Amount
Cash		Moskowitz Capital (schedule 7)	
Stocks and Bonds (schedule 1)		Other lenders/financial institutions (schedule 7)	
Life insurance - Net c.s.v. (schedule 2)		Real estate loans (schedule 5)	
Accounts receivable/ Agreements for sale/mortgages (schedule 3)		Accounts payable/sales contracts Chattel mortgages (schedule 4)	
Real Estate (schedule 5)		Income tax unpaid - current year	
Vehicles (schedule 6)		Income tax unpaid - prior year(s)	
Other Assets (schedule 8)		Real estate taxes unpaid	
		Other liabilities (schedule 9)	
		Total Liabilities	
		Net Worth	
Total		Total	

Gross Annual Income		Annual Expenditures	
Salary, Wages, Commissions etc.		Property taxes and assessments	
Dividends and Interest		Real estate loan payments or rent	
Rental income		Income taxes	
Business or Professional income		Payments on loans, Charge accounts and other contracts	
Other income (specify)		Insurance premiums	
		Estimated living expenses	
		Other (specify)	
		Total Expenditures	
Total Gross Income		Net Disposable Income	

WITH RESPECT TO THIS APPLICATION, I UNDERSTAND THAT Moskowitz Capital Management Inc. or a related affiliate MAY BE PROCURING AND REFERRING TO A CONSUMER REPORT TO OBTAIN PERSONAL AND/OR CREDIT INFORMATION, AND I HEREBY CONSENT THERETO AND TO THE DISCLOSURE OF SUCH INFORMATION TO OTHER CREDIT GRANTORS OR CONSUMER REPORTING AGENCYS. THIS INFORMATION MAY BE RELEVANT TO GRANTING THIS LOAN. It is agreed that I/we shall be liable for all fees agreed to, should I/we withdraw this application after submission, I/we understand that any commitment given is contingent on the correctness of the information given. It is further understood that the above includes all my debts, and that I have no current outstanding judgments and all my outstanding credit is currently in good standing.

Signature: _____

Date: _____

Schedule 1 - stocks and bonds				Schedule 2 - life insurance					
No of shares or par value of bonds	Description	Registered in name of	Market Value	Face Amount	Company	Beneficiary	Net C.S.V.		
Total				Total					
Schedule 3 - accounts receivable/agreements for sale/mortgages				Schedule 4 - accounts payable/sales contracts/chattel mortgages					
Name of payer	Monthly Payment	Amount Outstanding	Maturity Date	To whom payable	Monthly Payment	Amount Outstanding	Security		
Total				Total					
Schedule 5 - real estate									
Location/Description	Registered owner	Date Searched	Date Purchased	Cost	Market Value	Mortgagee	Monthly Payment	Amount Outstanding	Taxes Paid to
Total					Total				
Schedule 6 - vehicles.					Schedule 7 - liabilities				
Year	Make and Model	Market Value	Monthly Payment	Amount Outstanding	Name and address of bank, finance company, etc. Visa, mastercard and other charge accounts	Monthly Payment	Amount Outstanding		
Total				Total					
Schedule 8 - other assets		Schedule 9 - other liabilities		Sundry information					
Description	Amount	Description	Amount	1. Are you liable as co-signor or guarantor? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Are there any suits or judgements against you? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Are you now or have you ever been bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to any of the above, give full details on separate sheet.					
Total		Total							