



Fax: (800) 901-8110

Phone: (800) 364-2292

Please Print Clearly – Use Dark Ink

Date:

Retailer Completes This Section

<input type="text"/> Retailer Name		<input type="text"/> Retailer Number		<input type="checkbox"/> Individual
<input type="text"/> Salesperson		<input type="text"/> Promotional Code		<input type="checkbox"/> Joint
<input type="text"/> Cash Price		<input type="text"/> Down Payment		<input type="checkbox"/> Co-Signer
<input type="text"/> Trade Allowance	<input type="text"/> - <input type="text"/> Trade Payoff	<input type="text"/> = <input type="text"/> Trade Equity		
<input type="text"/> Make	<input type="text"/> Model	<input type="text"/> Year	<input type="checkbox"/> New <input type="checkbox"/> Used	

Selling Price	<input type="text"/>
Registration Fee	<input type="text"/>
Extended Service Plan	<input type="text"/>
Accessories	<input type="text"/>
Other	<input type="text"/>
Taxes (PST/GST/QST/HST)	<input type="text"/>
Total Cash Price	<input type="text"/>

Applicant Information

Applicant Full Name

Social Insurance Number* Date of Birth* Driver's License Number*

* Each of these items is optional, but at least one of these unique identifiers (your Social Insurance Number, Date of Birth, or Driver's License Number) is needed. Providing your Social Insurance Number is optional; however, without this number, we may not be able to accurately process your request for credit.

Current Address (physical address required)

Address

City Province Postal Code Time at Residence

Home Phone Number Landlord / Mortgagee Monthly Rent / Mortgage

Rent
 Own
 Other

Previous Address (if less than 2 years at current address)

Address

City Province Postal Code Time at Residence

Current Employer

Name Work Phone Number

Address (include City, Province and Postal Code) Time at Job

Position Gross Income Per Month Other Income Source* Other Income Amount*

* Alimony, Child Support, and/or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Previous Employer (if less than 2 years at current employer)

Name Work Phone Number

Address (include City, Province and Postal Code) Time at Job

References

(1) Name Home Phone Number

City Province Postal Code

(2) Name Home Phone Number

City Province Postal Code

PRIVACY NOTICE

By signing this application, you consent to Harley-Davidson Financial Services Canada, Inc. collecting, using and disclosing the personal information you have provided in connection with this application for the purposes of: evaluating your current and ongoing creditworthiness; providing the products and services you request; managing, administering, servicing and collecting on your account; meeting legal, regulatory, security and processing requirements; and otherwise as permitted or required by law.

We may also collect and verify credit related information from credit reporting agencies and other references you have provided to us in support of this application.

If you provide your Social Insurance Number, it will be used for matching your application to credit reporting agency information and verifying your identity.

We may also use and disclose your contact information to our affiliates and other third parties to offer Harley-Davidson banking and insurance products and services that may be of interest to you, as described in the Harley-Davidson Financial Services Canadian Privacy Policy. If you do not wish your contact information used or disclosed for these purposes, you may call us at 1-866-816-5820 to withdraw your consent. Or you may check the opt out box that follows.

Please do not share my contact information with the Harley-Davidson corporate family of affiliated companies or other parties (other than disclosures required or permitted by law), and do not send me any promotional information about Harley-Davidson Financial Services products, programs and services.

Only authorised employees, mandataries, and agents will have access to your information. It will be maintained at 3850 Arrowhead Drive, Carson City, NV 89706, U.S.A. If you wish to access or correct your personal information in our possession, you may write to the HDFP Privacy Officer at the above address.

This Privacy Notice applies to this application and any related agreements. For further information about our privacy policy practices, you may obtain a copy of the Harley-Davidson Financial Services Canadian Privacy Policy by calling us at the above number.



Harley-Davidson Financial Services Canada, Inc.

Harley-Davidson Financial Services Canada, Inc. is a member of the Harley-Davidson Financial Services family

Joint Applicant/Co-Signer Information

[]		[]
Joint Applicant/Co-Signer Full Name		Relation to Primary (if any)
[]	[]	[]
Social Insurance Number*	Date of Birth*	Driver's License Number*

* Each of these items is optional, but at least one of these unique identifiers (your Social Insurance Number, Date of Birth, or Driver's License Number) is needed. Providing your Social Insurance Number is optional; however, without this number, we may not be able to accurately process your request for credit.

Current Address (if different from primary—physical address required)

[]				
Address				
[]	[]	[]	[]	[]
City	Province	Postal Code	Time at Residence	
[]	[]	[]	[]	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
Home Phone Number	Landlord / Mortgagee	Monthly Rent / Mortgage		

Previous Address (if less than 2 years at current address)

[]				
Address				
[]	[]	[]	[]	[]
City	Province	Postal Code	Time at Residence	

Current Employer

[]		[]
Name		Work Phone Number
[]		[]
Address (include City, Province and Postal Code)		Time at Job
[]	[]	[]
Position	Gross Income Per Month	Other Income Source*
[]	[]	[]
		Other Income Amount*

* Alimony, Child Support, and/or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Previous Employer (if less than 2 years at current employer)

[]		[]
Name		Work Phone Number
[]		[]
Address (include City, Province and Postal Code)		Time at Job

References

[]	[]
(1) Name	Home Phone Number
[]	[]
City	Province
[]	Postal Code
[]	[]
(2) Name	Home Phone Number
[]	[]
City	Province
[]	Postal Code

I hereby certify that the information I have provided in this Credit Application is complete and accurate to the best of my knowledge, and

By signing below, I acknowledge that I have received a copy of the Harley-Davidson Financial Services Canadian Privacy Policy, that I have read the Privacy Notice and Notice to Applicant(s) sections of this Application and agree to the terms and conditions set forth therein, and

By signing below, I hereby consent to and accept this as prior written notice that Harley-Davidson Financial Services Canada, Inc. may also obtain a credit report about me and collect and verify credit related information from credit reporting agencies and other references that I have provided to you in support of this Application.

X	[]	[]
Applicant Signature	Date	City
X	[]	[]
Joint Applicant/Co-Signer Signature	Date	City

NOTICE TO APPLICANT(S)

This Credit Application will be submitted to Harley-Davidson Financial Services Canada, Inc. at 3850 Arrowhead Drive, Carson City, NV 89706, USA, for consideration as to whether it meets the credit requirements of Harley-Davidson Financial Services Canada, Inc.

Vehicle insurance covering the collateral is required for the full term of the loan, at your expense, for liability and physical damage coverage for both collision and comprehensive losses to include such perils as FIRE, THEFT, and VANDALISM. Harley-Davidson Financial Services Canada, Inc. must be listed as a LOSS PAYEE AND ADDITIONAL INSURED. Verification will be provided by the applicant in the form of a certificate of insurance through an acceptable carrier with thirty (30) days notice of any intent to cancel or non-renew to be provided by the issuing carrier to the applicant and loss payee. YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.



Harley-Davidson
Financial Services Canada, Inc.

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