

Credit Application

DEALER INFORMATION												PLEASE USE BLACK INK																							
DEALER NAME _____												DEALER NUMBER _____												PROGRAM TYPE:											
APPLICANT INFORMATION (MARRIED MAY APPLY AS AN INDIVIDUAL)																																			
APPLICANT (PRINCIPAL DRIVER OF VEHICLE)												JOINT APPLICANT RELATIONSHIP _____																							
FULL NAME FIRST MI LAST <input type="checkbox"/> SR <input type="checkbox"/> JR												FULL NAME FIRST MI LAST <input type="checkbox"/> SR <input type="checkbox"/> JR																							
STREET ADDRESS APT # HOW LONG?												STREET ADDRESS APT # HOW LONG?																							
YRS. MOS.												YRS. MOS.																							
CITY STATE ZIP HOME PHONE ()												CITY STATE ZIP HOME PHONE ()																							
DATE OF BIRTH AGE SOCIAL SECURITY NUMBER												DATE OF BIRTH AGE SOCIAL SECURITY NUMBER																							
- -												- -																							
<input type="checkbox"/> OWN/BUYING <input type="checkbox"/> LIVE WITH RELATIVE MONTHLY PAYMENT												<input type="checkbox"/> OWN/BUYING <input type="checkbox"/> LIVE WITH RELATIVE MONTHLY PAYMENT																							
<input type="checkbox"/> RENT/LEASE <input type="checkbox"/> OTHER \$												<input type="checkbox"/> RENT/LEASE <input type="checkbox"/> OTHER \$																							
EMPLOYMENT																																			
EMPLOYER NAME HOW LONG?												EMPLOYER NAME HOW LONG?																							
YRS. MOS.												YRS. MOS.																							
EMPLOYER ADDRESS												EMPLOYER ADDRESS																							
POSITION/TITLE WORK PHONE () GROSS ANNUAL SALARY												POSITION/TITLE WORK PHONE () GROSS ANNUAL SALARY																							
\$												\$																							
ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED, IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS DEBT. OTHER INCOME SOURCE												ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED, IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS DEBT. OTHER INCOME SOURCE																							
ANNUAL AMOUNT \$												ANNUAL AMOUNT \$																							
PREVIOUS EMPLOYER OR SCHOOL HOW LONG?												PREVIOUS EMPLOYER OR SCHOOL HOW LONG?																							
YRS. MOS.												YRS. MOS.																							
REFERENCES																																			
AUTO CREDIT REFERENCE (A/C #) TRADING? YES NO BALANCE												AUTO CREDIT REFERENCE (A/C #) TRADING? YES NO BALANCE																							
\$												\$																							
OTHER CREDIT REFERENCE BALANCE												OTHER CREDIT REFERENCE BALANCE																							
\$												\$																							
NEAREST RELATIVE (NOT LIVING WITH YOU) RELATIONSHIP												NEAREST RELATIVE (NOT LIVING WITH YOU) RELATIONSHIP																							
ADDRESS PHONE ()												ADDRESS PHONE ()																							
FRIEND OR RELATIVE PHONE ()												FRIEND OR RELATIVE PHONE ()																							
SIGN																																			
NOTICE: I, THE UNDERSIGNED, HEREBY AUTHORIZE THE DEALER, Unlimited Auto Repair & Collision LLC AND/OR _____ (COLLECTIVELY "PROSPECTIVE CREDITORS") TO VERIFY CREDIT AND EMPLOYMENT HISTORY AS STATED ABOVE AND TO ANSWER QUESTIONS ABOUT CREDIT EXPERIENCE WITH ME. IF THIS APPLICATION IS MADE PURSUANT TO ANY CREDIT PROGRAM FOR ATTENDEES AND/OR GRADUATES OF SCHOOLS OR EDUCATIONAL INSTITUTIONS, THEN PROSPECTIVE CREDITORS MAY VERIFY MY ELIGIBILITY FOR SUCH PROGRAM, INCLUDING BY INQUIRY TO MY SCHOOL(S) OR EDUCATIONAL INSTITUTION(S). INSURANCE RELATED TO THE CREDIT FOR WHICH I AM APPLYING MAY BE PURCHASED FROM AN INSURER OR AGENT OF MY CHOICE WHO MEETS PROSPECTIVE CREDITOR STANDARDS. IN CONNECTION WITH THIS APPLICATION FOR CREDIT, PROSPECTIVE CREDITORS MAY REQUEST A CONSUMER (CREDIT) REPORT. ON MY REQUEST, PROSPECTIVE CREDITORS WILL ADVISE ME IF THE REPORT WAS ACTUALLY ORDERED AND IF SO, THE NAME AND ADDRESS OF THE AGENCY THAT FURNISHED THE REPORT. PROSPECTIVE CREDITORS MAY ORDER SUBSEQUENT CONSUMER (CREDIT) REPORTS.																																			
I AUTHORIZE PROSPECTIVE CREDITORS TO ASK MY PAST AND CURRENT CREDITORS ("CREDIT REFERENCES"), INCLUDING CREDITORS LISTED ABOVE OR ON MY CONSUMER (CREDIT) REPORT, ABOUT MY CREDIT PERFORMANCE WITH THEM. PROVISION BY PROSPECTIVE CREDITORS OF A COPY OF THIS AUTHORIZATION SHALL SERVE AS MY DIRECTION THAT MY CREDIT REFERENCES PROVIDE MY CREDIT PERFORMANCE INFORMATION.																																			
EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND CONSTITUTES MY ENTIRE APPLICATION FOR CREDIT WITH THE PROSPECTIVE CREDITORS. I UNDERSTAND THAT PROSPECTIVE CREDITORS WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. I WILL NOTIFY PROSPECTIVE CREDITORS, IF APPLICABLE, WITHIN A REASONABLE TIME OF ANY CHANGE IN MY NAME, ADDRESS OR EMPLOYMENT.																																			
TO THE EXTENT PERMITTED BY LAW, I CONSENT THAT YOU, YOUR ASSIGNEES, AND YOUR AGENTS MAY CONTACT ME AT ANY TELEPHONE NUMBER YOU HAVE FOR ME, INCLUDING ANY CELL PHONE NUMBERS AND ANY PHONE NUMBERS LISTED ON THIS DOCUMENT, BY ANY MEANS YOU SELECT, INCLUDING AN AUTOMATIC TELEPHONE DIALING SYSTEM, TEXT MESSAGING, AND/OR AN ARTIFICIAL OR PRE-RECORDED VOICE.																																			
CO-APPLICANT'S SIGNATURE MEANS YOU INTEND TO APPLY FOR JOINT CREDIT.																																			
X _____												X _____																							
SIGNATURE OF APPLICANT												SIGNATURE OF JOINT APPLICANT																							
DATE												DATE																							
DEALER																																			
PROPOSED FINANCING TERMS												VEHICLE DESCRIPTION																							
RETAIL LEASE												VIN																							
SALES PRICE \$ _____												GROSS CAP \$ _____																							
DOWN PAYMENT \$ _____												REDUCTION \$ _____																							
NET TRADE \$ _____												ADJUSTED CAP \$ _____																							
AMT FINANCED \$ _____												MSRP \$ _____																							
PROGRAM _____												PROGRAM _____																							
TERM _____												PAYMENT _____ TERM _____																							
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												BOOK VALUE \$ _____ MAKE _____																							
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