

ACCOUNT BASIC INFORMATION
ENCORE LEASING AND FINANCE CORP.
JUNE 02, 2022

CLIENT NAME: 2000055060 - APOSTOL, ROSETTE MARY NICANOR

LOAN NUMBER: (Add Loan #)

APPLICATION NUMBER: 5000050092

EXCEPTIONS: NOT WITHIN GUIDELINES

REMARKS: STANDARD RATE RF 5.5% WITH APPROVED MEMO TO PROCESS - JO EMPLOYEMNET WAS MAIN SOURCE OF INCOME

TIN: (Add ID #)

BRANCH: NUEVA ECIJA HUB

BIRTHDAY: OCTOBER 25, 1990

ADDRESS: 183 NATIVIDAD ST., NUEVA ECIJA, LAUR, 3129, PHILIPPINES

TELEPHONE NUMBER:

MOBILE NUMBER: 09534137020

EMAIL: ROSETTEMARY@YAHOO.COM

*Add co-maker details

LOAN DETAILS

BOOK DATE:

(Add Book Date)

APPLICATION TYPE:

SOLICITED

PRODUCT CODE:

CARS - SECOND HAND

LOAN OFFICER:

BON REYNAN T. LEBANTINO

ACCOUNT OFFICER:

MARY ANN SONIGA

PR TYPE:

CURRENT ACCT STAT:

APPROVED BY THE COMPANY

START DATE:

JUNE 11, 2022

NEXT INT DUE DT:

JULY 11, 2022

NEXT PRIN DUE DT:

JULY 11, 2022

LOAN MATURITY DT:

MAY 13, 2024

TERM:

24

ADD-ON RATE:

33.60

CASH PRICE:

500,000.00

NO. OF PDC:

(Add # of PDC)

NEW/RENEWAL:

NEW

RATE TYPE:

STANDARD

DOWNPAYMENT:

AMOUNT FINANCED:

500,000.00

PN AMOUNT:

668,016.00

REPAYMENT AMOUNT:

27,834.00

TOTAL INT INCOME:

168,000.00

OUTSTANDING BALANCE:

27,834.00

CURRENT PRIN BALANCE:

14,392.72

NET PROCEEDS:

467,436.00

DEALER:

DEALER'S INCENTIVES:

SALESMAN:

INCENTIVES:

COMMISSION:

EY: (Add EY)

UID: (Add UID)

RENEWAL TYPE: (Add renewal type)

TRANSACTION TYPE: (Add transaction type)

(Add if applicable)
*for financing

UNIT TYPE:

ISUZU MU-X 4X2 LS-A AT

MODEL:

2017

CHASSIS NO.:

PLATE NUMBER:

CDZ7673

COLOR:

TITANIUM SILVER

FEES DETAILS

FEE CODE	AMOUNT	FEE PAID
6 - NOTARIAL FEE	300.00	300.00
7 - PROCESSING FEE	2,650.00	2,650.00
9 - MORTGAGE RELEASE FEE	700.00	700.00
15 - MORTGAGE FEE	27,500.00	27,500.00
25 - PA INSURANCE	1,414.00	1,414.00

PREPARED BY: _____

CHECKED BY: _____

* Add collateral details after Fees Details

Collateral ID:

Collateral Type:

Year Model:

Motor Number:

Serial #:

Appraised value:

Security Amount:

Loanable Value:

Purchase Date:

Plate number:

Color:

Policy number:

Insurance Company:

Insured by Encore

with AOG:

Premium:

Coverage Amount:

Period Covered: