



Application for Credit

Check appropriate box:
☒ If you are applying for individual credit in your name and relying on your own income or assets and not the income or assets of another person as the basis for repayment of credit requested, complete Applicant section.
☐ If you are applying for joint credit with another person, complete Applicant and Co-Applicant sections and sign below.
We intend to apply for joint credit _____ Applicant _____ Co-Applicant

Applicant Note: You must complete each space before we can evaluate your application. Draw a line through any space that does not apply to you.

Full Name (Please Print) Last First Middle
Home Address (street) Years There
City, State, Zip Phone No.
Previous Address Years There
City, State, Zip Date of Birth
Social Security Number No. of Dependents
Employer Department
Address Gross monthly pay
Phone No. Position Years There
Previous Employer Years There
Address
Source of any other income Monthly Amount
(Alimony, child support or separate maintenance income need not be revealed unless you wish)
Nearest Friend or Relative (not living with you) Relationship
Address Phone No.
Mortgage Bank or Landlord ☐ Own ☐ Rent ☐ Other
City, State, Zip
Real Estate in Name of

Home Purchase Price	Approx. Mortgage Balance	Approx. Mkt. Value	Monthly Rent of Mortgage Payt Including Tax
App <input type="checkbox"/>	Co-App <input type="checkbox"/>		
Auto Owned/Yr. Make & Model			Financed By City, State Balance Mo. Pay
Auto Owned/Yr. Make & Model			Financed By City, State Balance Mo. Pay

SECURITY YEAR	MAKE	MODEL	NO. OF CYL.	NEW <input type="checkbox"/> USED <input type="checkbox"/>	BODY TYPE	VIN #	MILEAGE
---------------	------	-------	-------------	--	-----------	-------	---------

CASH SALE PRICE \$
DOWN PAYMENT (CASH) \$
DOWN PAYMENT (REBATE) \$
GROSS TRADE-IN ALLOW \$
LESS PAY-OFF \$
NET TRADE-IN \$
TOTAL DOWN PAYMENT \$
UNPAID BALANCE \$
ADDITIONAL ITEMS FINANCED (AMT.) \$
(CIRCLE) EXTENDED WARRANTY-ALARM SYSTEM-SALES TAX
(LIST OTHER)
AMOUNT SUBMITTED FOR APPROVAL \$

PAYMENTS AT \$ PER MONTH
(# OF PAYMENTS)

DESCRIPTION OF TRADE-IN

OPTIONAL EQUIPMENT - PLEASE CHECK										
AUTO TRANS	4 WD	ALLOYS	POWER WINDOWS	POWER DOOR LOCKS	POWER SEATS	CRUISE CONTROL	REAR ENT.	POWER SUNROOF	LEATHER	CD
OTHER OPTIONS:										

E-mail Applicant:
E-mail Co-Applicant:

The above information is true and complete. I (meaning each of the undersigned) authorize any creditor to whom this application is forwarded to obtain any credit information about me which it may desire to evaluate this application, and I authorize it to disclose any credit information which relates to this application or to any credit extended by the creditor as the result of this application.

Signature of Applicant Date Signature of Co-Applicant Date

Applicant Information	Co-Applicant Information
Identification Type: License	Identification Type:
ID#: 6417147	ID#:
Issuer: RR	Issuer:
Issue Date (If applicable): 8-20-13	Issue Date (If applicable):
Expiration Date: 9-10-18	Expiration Date:
Mother's Maiden Name: BASTONE	Mother's Maiden Name:
Information Collected By: Signature of Dealer	Date: 11/6/16

By signing above, I acknowledge that I have collected the information above and have reviewed the documents noted.