

DEALER LOAN APPLICATION

Dealer _____ Date _____

APPLICANT'S NAME				DATE OF BIRTH	AGES OF DEPENDENTS				
PRESENT ADDRESS		STREET	CITY	STATE	ZIP	LIVED THERE	<input type="checkbox"/> MO <input type="checkbox"/> YR	HOW LONG IN AREA	<input type="checkbox"/> MO <input type="checkbox"/> YR

HOME PHONE	RENT OWN <input type="checkbox"/>	MONTHLY PAYMENTS \$	TO WHOM PAID NAME & ADDRESS
	COST \$	BALANCE \$	2ND TRUST HOLDER NAME & ADDRESS

STREET		CITY	STATE	ZIP	HOW LONG THERE	<input type="checkbox"/> MO <input type="checkbox"/> YR
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DRIVER'S LICENSE NO.		STATE	SERVICE NO. (IF APPLICABLE)
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NAME AND ADDRESS OF APPLICANT'S NEAREST RELATIVE NOT IN HOUSEHOLD		PHONE	RELATIONSHIP
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EMPLOYER (MUST FURNISH FIVE YEARS HISTORY)		PHONE NUMBER	HOW LONG	<input type="checkbox"/> MO <input type="checkbox"/> YR
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BUSINESS ADDRESS		STREET	CITY	STATE	OCCUPATION RANK RATE	TAKE HOME SALARY \$
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Other Income - Source of Other Income (Applicant Need Not Disclose Alimony, Child Support or Maintenance Payments, Unless Applicant So Desires.)				SOURCE	OTHER INCOME \$	<input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
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PREVIOUS EMPLOYMENT NAME & ADDRESS		HOW LONG	<input type="checkbox"/> MO <input type="checkbox"/> YR
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BANK WITH		<input type="checkbox"/> CHECKING <input type="checkbox"/> LOAN <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER	Is Applicant Obligated To Make Alimony, Child Support or Maintenance Payments?	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____	<input type="checkbox"/> WK <input type="checkbox"/> MO
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LIST CURRENT OBLIGATIONS INCLUDING BANKS, FINANCE CO. LOAN COMPANIES AND CREDIT CARDS - USE REVERSE SIDE IF NECESSARY

LAST CAR FINANCED BY	ITEM PURCHASED	ORIGINAL AMOUNT	BALANCE OR DATE PAID	MONTHLY PAYMENT
1.				
NAME	LOCATION			
2.				
NAME	LOCATION			
3.				
NAME	LOCATION			

INFORMATION APPLICABLE TO SPOUSE: Complete this section ONLY if spouse will also be contractually liable for repayment or applicant is relying on the income of the spouse or on alimony, child support or maintenance income for repayment. Co-Applicant other than spouse must complete separate application.

SPOUSE'S NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
SPOUSE'S EMPLOYER		PHONE NUMBER	HOW LONG	<input type="checkbox"/> MO <input type="checkbox"/> YR
BUSINESS ADDRESS		STREET	CITY	STATE

TAKE HOME SALARY \$		<input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
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Other Income - Source of Other Income (Spouse Need Not Disclose Alimony, Child Support or Maintenance Payments, Unless Spouse So Desires.)				SOURCE	OTHER INCOME \$	<input type="checkbox"/> WK <input type="checkbox"/> MO
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NAME AND ADDRESS OF SPOUSE'S NEAREST RELATIVE NOT IN HOUSEHOLD		PHONE	RELATIONSHIP
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Have you ever been adjudged a bankrupt or have any judgements, repossessions, garnishments or other legal proceedings ever been filed against you?
 Applicant Yes No Spouse Yes No If yes, explain on reverse side

I/We certify the above information to be true in every respect and that it correctly reflects my current financial condition. I authorize the Creditor to make whatever credit inquiries it deems necessary in connection with my credit application or in the course of review or collection of any credit extended in reliance on the application including, without limitation, inquiries to any agency of government - federal, state or local. I/We authorize and instruct any person, governmental agency or consumer reporting agency to compile and furnish the Creditor any information it may have or obtain in response to such credit inquiries and agree that same shall remain the property of the Creditor whether or not credit is extended.

Signature of Applicant		Signature of Spouse (if to be contractually liable)		WINDOW PRICE (INCL. TAXES AND COST OF OFFICIAL TRANSFER, REGISTRATION OR FILING FEES, IF ANY) \$ _____
NEW <input type="checkbox"/>	YEAR	MAKE	MODEL	BODY STYLE
USED <input type="checkbox"/>				
DEMO <input type="checkbox"/>				
CYLS				
MILAGE	INVOICE \$			
TRADE IN	MODEL		BODY STYLE	
TERMS OF CONTRACT _____ MOS.	<input type="checkbox"/> CREDIT LIFE	<input type="checkbox"/> WARRANTY	PAYMENT \$ _____	
	<input type="checkbox"/> A & H INS.	<input type="checkbox"/> PROPERTY INS		
			AMOUNT TO FINANCE \$ _____	