

APPLICATION FOR CREDIT

FAX TO US AT: (508)-580-3620

Dealership		Phone ()		Contact	
INSTRUCTIONS: Fill out each section completely. All information given will be verified. Items left blank may significantly hurt your chances in obtaining credit.					
INFORMATION REGARDING APPLICANT:					
Name			Address		City State Zip
How Many Years? Own <input type="checkbox"/> Rent <input type="checkbox"/> \$	Monthly Rent or Mortgage	Home Phone	Social Security No.	Date of Birth	No. of Dependents
Previous Address			City State Zip		How long? Mos. Yrs.
Previous Address			City State Zip		How long? Mos. Yrs.
Landlord or Mortgage Holder		Address		Phone ()	Banking Officer
Employer or Company			How long? Yrs. Mos.	If Self-Employed, Nature of Business	
Business Address			City State Zip		Business Phone () Position
Gross Monthly Income \$	Net Monthly Income \$	Source of Other Income		Amount \$	Net Total Monthly Income \$
Previous Employer			Address		Phone How long? Mos. Yrs.
If total length of all employment is less than 5 years list prior employer or occupation.					
Previous Employer			Address		How long? Mos. Yrs.
BANKING INFORMATION:					
BANK	SAVINGS	Name	Branch	Phone ()	Account No. Balance \$
	CHECKING	Name	Branch	Phone ()	Account No. Balance \$
LIST 2 NEAREST RELATIVES AND ONE PERSONAL FRIEND.					
Nearest Relative (not living with you)				Phone ()	Relationship
Address			City State Zip		
Nearest Relative (not living with you)				Phone ()	Relationship
Address			City State Zip		
Personal Friend (Name, Address, Phone Number)					
Have You Ever Filed Bankruptcy?		<input type="checkbox"/> Yes-Date _____		Have you ever had a Repossession?	
		<input type="checkbox"/> No		What? _____ When? _____	

All the information given on this application is true, correct and complete. We or our assignee is authorized to exchange credit information covering this application and any credit granted. As part of the credit investigation process, we or our assignee may request a consumer report or commercial credit report in connection with this application for credit or any update, renewal or extension thereof. Upon request, we or our assignee will tell you whether or not a consumer report or commercial credit report was obtained and the name and address of the consumer reporting agency. I agree that we or our assignee may retain this application whether or not credit is approved. For purposes of securing credit and preparing documents, the signers agree and warrant that the above statements are true and correct.

Automobile insurance is required for the full term of the Contract, at my expense, against the hazards of fire, theft and accidental physical damage (including collision). This insurance must protect our interests. The policies issued by the insurance company will describe the terms and conditions. **I MUST CHOOSE THE COMPANY THROUGH WHOM ANY INSURANCE IS OBTAINED.**

I certify that the above information is complete and accurate. I authorize an investigation of my credit and employment history and the release of information about my credit experience.

APPLICANT SIGNS _____

DATE _____