

# CONSUMER CREDIT APPLICATION (SALES)

DEALER: Name \_\_\_\_\_ Phone \_\_\_\_\_ Contact Person \_\_\_\_\_ Submitted By \_\_\_\_\_

<i>Applicant</i>					<i>Co-Applicant</i>				
Social Security No.		Application Type: Individual <input type="checkbox"/> Joint <input type="checkbox"/>			Social Security No.				
Amount Requested \$		Purpose			First Name		Middle	Last Name	No. of Dependents
First Name	Middle	Last Name	No. of Dependents		First Name	Middle	Last Name	No. of Dependents	
Address (Number & Street)		City	State	Zip	Address (Number & Street)		City	State	Zip
County		Home Phone		Date of Birth	County		Home Phone		Date of Birth
Specify for Joint or Secured Credit Only: Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed) <input type="checkbox"/>					Specify for Joint or Secured Credit Only: Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed) <input type="checkbox"/>				
Buying <input type="checkbox"/>	Rent <input type="checkbox"/>	Own <input type="checkbox"/>	Other (Please Specify) <input type="checkbox"/>		Buying <input type="checkbox"/>	Rent <input type="checkbox"/>	Own <input type="checkbox"/>	Other (Please Specify) <input type="checkbox"/>	
Mortgage Co. <input type="checkbox"/>		Landlord <input type="checkbox"/>			Mortgage Co. <input type="checkbox"/>		Landlord <input type="checkbox"/>		
Name:		Address:			Name:		Address:		
Date Purchased		Purchase Price \$		Account No.	Date Purchased		Purchase Price \$		Account No.
Mortgage Balance \$		Market Value \$		Time at Residence: Yrs. Mos.	Mortgage Balance \$		Market Value \$		Time at Residence: Yrs. Mos.
Previous Residence: (Street/City/State)				Time at Residence: Yrs. Mos.	Previous Residence: (Street/City/State)				Time at Residence: Yrs. Mos.
Mortgage Co. <input type="checkbox"/>		Landlord <input type="checkbox"/>			Mortgage Co. <input type="checkbox"/>		Landlord <input type="checkbox"/>		
Name:		Address:			Name:		Address:		
Present Employer Name:		Address:			Present Employer Name:		Address:		
City		State	Phone No.		City		State	Phone No.	
Occupation		Length of Employment Yrs. Mos.			Occupation		Length of Employment Yrs. Mos.		
Gross Mo. Salary \$		Net Mo. Salary \$			Gross Mo. Salary \$		Net Mo. Salary \$		
Previous Employer		City/State	Phone No.		Previous Employer		City/State	Phone No.	
Occupation		Length of Employment Yrs. Mos.			Occupation		Length of Employment Yrs. Mos.		
Nearest Relative		Address			Nearest Relative		Address		
<b>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 obligation.</b>					<b>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 obligation.</b>				
Other Income: Source		Monthly Amount \$			Other Income: Source		Monthly Amount \$		
Has Applicant declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>					Has Applicant declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>				

***The following information pertains to both Applicant and Co-Applicant.***

Auto #1 Year \_\_\_\_\_ Clear Title Y  N  Savings Bank Name \_\_\_\_\_ Acct.# \_\_\_\_\_  
 Auto #2 Year \_\_\_\_\_ Clear Title Y  N  Savings Bank Name \_\_\_\_\_ Acct.# \_\_\_\_\_

LIST BELOW ALL DEBTS NOW OWING (include other large monthly payments for medical expense, insurance, alimony or support). Under the column "Debtor," identify Applicant's debts with the letter (A) and Co-Applicant's debt with the letter (C).

Debtor	Creditor	Payment	Balance	Debtor	Creditor	Payment	Balance

The following party will be requested to extend credit in connection with this transaction.

By signing this application you promise that all information is true and complete. You also promise that you have revealed any pending lawsuits or unpaid judgments against you. You intend the seller and/or assignee to rely upon these promises in deciding whether to extend credit to you. You authorize a full investigation of your credit record and your employment history. You also authorize the seller and/or assignee to release information about your credit experience with them.  
**Read special notices before signing.**

\_\_\_\_\_  
Signature (Applicant) Date

\_\_\_\_\_  
Signature (Co-Applicant) Date

(Insert Branch Name and Address in above space.)