

CREDIT APPLICATION FORM

Dealer Name: _____ Address: _____ City / State / Zip _____ Item Purchased: _____ Application Made: <input type="checkbox"/> Individually <input type="checkbox"/> Jointly	Purchase Price: _____ Less Trade (if any) _____ Less Down Payment: _____ Sales Tax: _____ Amount of Credit Request: _____
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Personal Information

Applicant	Joint-Applicant			
Name:	Name:			
Street Address:	Street Address:			
City / State:	City / State:			
How Long At this Location:	How Long At this Location:			
Previous Address:	Previous Address:			
Previous City / State:	Previous City / State:			
How Long At this Location:	How Long At this Location:			
Birthdate: (mm,dd,yy)	Birthdate: (mm,dd,yy)			
SSN Number:	SSN Number:			
Phone: _____ Work Phone: _____	Phone: _____ Work Phone: _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <i>DO NOT complete "Marital Status" if you are applying for Individual Unsecured Credit</i>	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <i>DO NOT complete "Marital Status" if you are applying for Individual Unsecured Credit</i>			
Present Employer:	Present Employer:			
Occupation:	Occupation:			
Dates of Employment:	Dates of Employment:			
Gross Annual Income:	Gross Annual Income:			
Other Income:	Other Income:			
Other Income Source:	Other Income Source:			
No. of Dependant Children:	No. of Dependant Children:			
Previous Employer:	Previous Employer:			
Dates of Employment:	Dates of Employment:			
Bank Name:	Bank Name:			
Bank Address:	Bank Address:			
Bank City / State:	Bank City / State:			
HOME: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Value: _____ Balance Owned: _____ Rent/Monthly Payment: _____			
Landlord or Mortgage Holder: _____				
AUTOMOBILE: _____ Year _____ Make _____ Model ... Lean: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Creditor Name: _____ Present Balance: _____ Monthly Payment: _____				
Other Outstanding Debts (Please List ALL)				
Creditor	Collateral on Loan	Original Amount	Present Balance	Payment Amount

Applicant Signature: _____

Joint Applicant Signature: (If Applicable) _____

Date: _____

I certify that the information contained herein is correct. I/we am/are submitting this application for the purpose of securing credit and hereby grant authorization to obtain consumer credit reports on me/us, and to gather employment history they consider necessary and appropriate. I/ we also acknowledge that pursuant to the Fair Credit Reporting Act, this application will be submitted to one or more financial institutions.