



Date Submitted: _____ Salesperson: _____

APPLICANT INFORMATION

Name	First Middle Last	SS #	Married <input type="checkbox"/>
		Date of Birth ____/____/____	Unmarried <input type="checkbox"/>
			Separated <input type="checkbox"/>
Home Address	Street	Own _____	Rent _____
	City State Zip	Home Phone#	How Long?
		Work Phone#	
Mtg Holder	Name	Phone #	Mtg. Bal. Payment
Prev Address if less than 2 yr		Own _____	How Long? # of Dependents
		Rent _____	
Present Employer	Name: Address:	Phone #	How Long? Annual Income
		Position	
Previous Empl. if less than 2 yr.		Phone #	How Long? Position
Other Income	DESCRIBE (Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)		
	Dr. License:	Other Monthly Amt:	
Nearest Relative	Name Address	Phone #	Relationship

CO-APPLICANT INFORMATION

Name	First Middle Last	SS #	Married <input type="checkbox"/>
		Date of Birth ____/____/____	Unmarried <input type="checkbox"/>
			Separated <input type="checkbox"/>
Home Address	Street	Own _____	Rent _____
	City State Zip	Home Phone#	How Long?
		Work Phone#	
Mtg Holder	Name	Phone #	Mtg. Bal. Payment
Prev Address if less than 2 yr		Own _____	How Long? # of Dependents
		Rent _____	
Present Employer	Name: Address:	Phone #	How Long? Annual Income
		Position	
Previous Empl. if less than 2 yr.		Phone #	How Long? Position
Other Income	DESCRIBE (Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)		
	Dr. License:	Other Monthly Amt:	
Nearest Relative	Name Address	Phone #	Relationship

All of the statements made in this application are true and correct and are made for the purpose of obtaining credit. You are authorized to investigate my credit record, to verify my credit, employment and income references and to obtain such other information as you deem necessary and to give credit reporting agencies and others information regarding your credit experience with me.

Applicant's Signature _____ Date ____/____/____ Cc-applicant's Signature _____ Date ____/____/____

BILL OF SALE INFORMATION

Manufacturer	Year	Model	New <input type="checkbox"/>	Used <input type="checkbox"/>
Trade-In				
Gross Amount Allowed \$ _____				
Less Payoff \$- _____				
Net Trade-In Value \$ _____				
Fees Paid to Others	Tag & Title	Document Fee	Extended Service Contract	Other
				Total Unit Price \$ _____
				Net Trade Value \$+ _____
				Sales Tax \$+ _____
				Service Add-ons \$- _____
				Cash Down \$- _____
				Balance Due \$ _____
				Additional Fees \$+ _____
				Total Due \$+ _____