



Phone: 972.646.0412

DEALERSHIP INFORMATION ONLY

DEALERSHIP			
CONTACT		PHONE NUMBER	
YEAR	MAKE	MODEL	
MSRP	CAP	TERM	PAYMENT

SECTION A: APPLICANT INFORMATION

FULL NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME PHONE
CURRENT HOME ADDRESS			CITY	ST	ZIP
PREVIOUS ADDRESS			CITY	ST	ZIP
EMPLOYER NAME		HOW LONG? YRS MOS	OCCUPATION		WORK PHONE
BUSINESS ADDRESS		CITY	ST	ZIP	SELF EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
GROSS MONTHLY SALARY	MONTHLY COMM/BONUSES	* OTHER MONTHLY INCOME	* SOURCE (ALIMONY, CHILD SUPPORT, ETC)		TOTAL MONTHLY INCOME \$0.00
PREVIOUS EMPLOYER NAME		CITY	ST	PHONE NUMBER	HOW LONG? YRS MOS
NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS	CITY	ST	ZIP	PHONE NUMBER
PERSONAL REFERENCE	ADDRESS	CITY	ST	ZIP	PHONE NUMBER

SECTION B: CO-APPLICANT INFORMATION

FULL NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME PHONE
CURRENT HOME ADDRESS			CITY	ST	ZIP
PREVIOUS ADDRESS			CITY	ST	ZIP
EMPLOYER NAME		HOW LONG? YRS MOS	OCCUPATION		WORK PHONE
BUSINESS ADDRESS		CITY	ST	ZIP	SELF EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
GROSS MONTHLY SALARY	MONTHLY COMM/BONUSES	* OTHER MONTHLY INCOME	* SOURCE (ALIMONY, CHILD SUPPORT, ETC)		TOTAL MONTHLY INCOME \$0.00
PREVIOUS EMPLOYER NAME		CITY	ST	PHONE NUMBER	HOW LONG? YRS MOS

SECTION C: FINANCIAL INFORMATION

RESIDENCE: OWN BUYING RENTING LIVE WITH PARENTS/RELATIVES OTHER:

LIENHOLDER OR LANDLORD NAME		ORIGINAL BALANCE	BALANCE OWING	MONTHLY PAYMENT
ADDRESS		CITY	ST	ZIP
CAR MAKE		MODEL	YEAR	CURRENT MILEAGE
		<input type="checkbox"/> FINANCED <input type="checkbox"/> LEASED		BALANCE
		BY:		PAYMENT
				TRADING? <input type="checkbox"/> YES <input type="checkbox"/> NO
CHECKING		NAME	BRANCH	PHONE NUMBER
SAVINGS		NAME	BRANCH	PHONE NUMBER
				ACCOUNT NUMBER
				AVERAGE BALANCE

SECTION D: SIGNATURES (IF JOINTLY APPLYING, BOTH MUST SIGN)

THIS APPLICATION IS TO INDUCE YOU TO GRANT CREDIT TO ME (US). I (WE) CERTIFY THAT THE INFORMATION HEREIN IS TRUE, CORRECT AND COMPLETE. I (WE) AUTHORIZE YOU AND ANY PROSPECTIVE ASSIGNEE OR ANYONE WHO PARTICIPATES IN THE CREDIT DECISION, TO OBTAIN INFORMATION CONCERNING MY (OUR) CREDIT AND EMPLOYMENT HISTORY, VERIFY THE INFORMATION PROVIDED IN THIS APPLICATION, AND OBTAIN CREDIT REPORTS ON ME (US). YOU AND YOUR ASSIGNEE ARE FURTHER AUTHORIZED TO RELEASE INFORMATION ABOUT YOUR CREDIT EXPERIENCE WITH ME.

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

(CHECKING THE BOX IS EQUIVALENT TO SIGNING ABOVE)

(CHECKING THE BOX IS EQUIVALENT TO SIGNING ABOVE)