

LOAN CONTRACT

DATE

TYPE

- AUTO/TRUCK TRAVEL TRAILER
 BOAT SNOWMOBILE
 CONVERSION VAN OTHER

Time Called Back: _____

APPLICATION TAKEN BY:

By: _____

CHECK ONE- Are you applying 1. Individually or 2. Jointly
 If 2, the co-applicant must complete a separate statement.

Have you ever applied for credit under another name yes no
 Other name _____

PERSONAL INFORMATION

NAME	FIRST	MID	LAST
ADDRESS NO & STREET			YEARS THERE
CITY		STATE	ZIP
AREA CODE & PHONE NUMBER			
PREVIOUS ADDRESS			YEARS THERE
PREVIOUS ADDRESS			YEARS THERE
SOCIAL SECURITY NUMBER		DATE OF BIRTH	
NUMBER OF DEPENDENTS, INCLUDING SELF			
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP
ADDRESS			

EMPLOYMENT INFORMATION

PRESENT EMPLOYER (COMPANY NAME)	
ADDRESS	
CITY	STATE ZIP
BUISNESS PHONE	YEARS THERE
JOB TITLE	
YOU NEED NOT INCLUDE ALIMONY, CHILD SUPPORT, MAINTENANCE OR YOUR SPOUSE'S INCOME UNLESS YOU WISH SUCH INFORMATION USED IN YOUR CREDIT DETERMINATION.	
GROSS PAY \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	OTHER INCOME \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
SOURCE OF OTHER INCOME	
PREVIOUS EMPLOYER	YEARS THERE
ADDRESS	
PREVIOUS INCOME	

CREDIT INFORMATION

BANK (CHECKING)	ACCT NUMBER	BALANCE
MORTGAGE HOLDER/LANDLORD		MONTHLY PAYMENT
<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT		
CAR FINANCED BY:	MONTHLY PMT	UNPAID AMT.
LIST ALL OTHER LOANS	MONTHLY PMT	UNPAID AMT.
	MONTHLY PMT	UNPAID AMT.
	MONTHLY PMT	UNPAID AMT.
	MONTHLY PMT	UNPAID AMT.

BANK (SAVINGS)	ACCT NUMBER	BALANCE
LIST ALL CREDIT CARDS BELOW (USE ADDITIONAL PAGES IF NECESSARY)		
NAME	CREDIT LINE	UNPAID AMT.
NAME	CREDIT LINE	UNPAID AMT.
NAME	CREDIT LINE	UNPAID AMT.
NAME	CREDIT LINE	UNPAID AMT.
NAME	CREDIT LINE	UNPAID AMT.

VEHICLE DESCRIPTION	INSURANCE AGENT	POLICY NUMBER
YEAR	ADDRESS	PHONE NUMBER
MAKE		
BODY/HULL TYPE	FINANCING INFORMATION	
MODEL	Selling Price & reg. \$ _____	<input type="checkbox"/> CREDIT LIFE INSURANCE
NUM CYL	Trade Allowance \$ _____	<input type="checkbox"/> CREDIT DISABILITY INSURANCE
MILEAGE	Closed-out owed to () - _____	TERMS:
MSRP	Net Allowance \$ _____	Number of Months: _____
	Cash Down Payment + _____	APR _____ %
	Sales Tax _____	Monthly Payment \$ _____
	Rebate/Discount + _____	
	Total Down Payment = _____	

CREDIT INQUIRIES:
 I AUTHORIZE THE LENDER TO MAKE WHATEVER CREDIT INQUIRES IT DEEMS NECESSARY IN CONNECTION WITH THIS CREDIT APPLICATION OR IN THE COURSE OF REVIEW OR IN THE COLLECTION OF ANY CREDIT EXTENDED IN RELIANCE ON THE APPLICATION. I AUTHORIZE AND INSTRUCT ANY PERSON OR CONSUMER REPORTING AGENCY TO COMPILE AND FURNISH THE LENDER WITH ANY INFORMATION IT MAY HAVE TO OBTAIN IN RESPONSE TO SUCH CREDIT INQUIRIES AND AGREE THAT THE SAME SHALL REMAIN YOUR PROPERTY WHETHER OR NOT CREDIT IS EXTENDED. ALL INFORMATION SET FORTH IN THIS APPLICATION IS DECLARED TO BE A TRUE REPRESENTATION OF FACTS FOR THE PURPOSE OF OBTAINING THE CREDIT REQUESTED AND ANY WILLFUL MISREPRESENTATION COULD RESULT IN CRIMINAL ACTION. I WILL PROVIDE COMPREHENSIVE AND COLLISION INSURANCE WITH A LOSS PAYABLE ENDORSEMENT.

SIGNATURE OF APPLICANT X _____