

Consumer Credit Application

Section A. Information Regarding Individual Applicant

LAST NAME (PRINT)		FIRST	INITIAL	BIRTH DATE	SOCIAL SECURITY NUMBER		NO. OF DEPENDENTS	MARRIED SINGLE	OTHER
ADDRESS				CITY	STATE	ZIP	HOME NUMBER	HOW LONG	YRS. MOS.
PREVIOUS ADDRESS (TO COVER FIVE YEARS RESIDENCE)				CITY	STATE	ZIP	PHONE	IN COMMUNITY	YRS. MOS.
POSITION	PRESENT EMPLOYER			ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG
PREVIOUS EMPLOYER (TO COVE				ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG
NEAREST RELATIVE NOT LIVING WITH APPLICANT				ADDRESS	CITY	STATE	ZIP	PHONE	
GROSS INCOME \$					DRIVERS LICENSE STA	DRIVERS LICENSE NUMBER		EXPIRES ON DATE	
<input type="checkbox"/> MONTHLY <input type="checkbox"/> MONTH <input type="checkbox"/> WEEKLY <input type="checkbox"/> SEMI- <input type="checkbox"/> MONTHLY					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.				

Section B. Asset and Debt Information:

LANDLORD OR MORTGAGE HOLDER		<input type="checkbox"/> OWN <input type="checkbox"/> BUYING <input type="checkbox"/> RENTING	VALUE	MORT. BALANCE	MONTHLY PAYMENT OR RENT	SECOND MORTGAGE BALANCE	MONTHLY PMT.		
NAME OF BANK		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> IRA <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> NO ACCOUNT	CITY	STATE	NUMBER	HOW LONG		
HAVE YOU EVER HAD ANY PROPERTY REPOSESSED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER FILED BANKRUPCY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY LAWSUITS PENDING AGAINST YOU?		<input type="checkbox"/> YES <input type="checkbox"/> NO	MILITARY YES <input type="checkbox"/> NO <input type="checkbox"/>

NOTE: Only complete the information below if your loan request exceeds \$40,000.00, or if you think the bank needs to consider additional financial information for your loan.

NAME OF MAJOR ASSETS , AND OR DEBITS	ASSETS BALANCE	DEBITS BALANCE	MONTHLY PAYMENT OR CREDIT	ACCOUNT NUMBER	COLLATERAL IF APPLICABLE
TOTAL ASSETS	TOTAL DEBITS	TOTAL VALUE	NOTES:		

Section C. Information Regarding Joint Applicant or Other Party: Complete only if for joint credit or for individual credit relying on income or assets from other sources.

LAST NAME (PRINT)		FIRST	INITIAL	BIRTH DATE	SOCIAL SECURITY NUMBER		RELATIONSHIP TO APPLICANT	MARRIED SINGLE	OTHER
ADDRESS				CITY	STATE	ZIP	HOME NUMBER	HOW LONG	YRS. MOS.
POSITION	PRESENT EMPLOYER			ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG
NEAREST RELATIVE NOT LIVING WITH APPLICANT				ADDRESS	CITY	STATE	ZIP	PHONE	
GROSS INCOME \$					DRIVERS LICENSE STATE	DRIVERS LICENSE NUMBER		EXPIRES ON DATE	
<input type="checkbox"/> MONTHLY <input type="checkbox"/> MONTH <input type="checkbox"/> WEEKLY <input type="checkbox"/> SEMI- <input type="checkbox"/> MONTHLY					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.				
HAVE YOU EVER HAD ANY PROPERTY REPOSESSED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER FILED BANKRUPCY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY LAWSUITS PENDING AGAINST YOU?		<input type="checkbox"/> YES <input type="checkbox"/> NO	MILITARY YES <input type="checkbox"/> NO <input type="checkbox"/>

I agree to notify the Dealer and or Bank of any change in the above statement. I authorize the Dealer and or Bank to obtain such information as the Dealer or Bank may require concerning the statement made in the application and agree that the application shall remain the Dealer and or Bank property weather or not the loan is granted. I, the above named applicant hereby declare the forgoing statement is true in every respect. I understand that an investigation may be made whereby that information may be obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry may include information as to my character, general reputation, personal characteristics and mode of living. I further understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. Any willful misrepresentation on this statement could result in a fine and/or imprisonment under the provision of the U.S Criminal Code.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your drivers license or other identifying documents.

Date _____ Signature of Applicant _____ Signature of Joint Applicant or Other Party _____