

APPLICATION TO BE COMPLETED BY THE **DRIVER** OF THE VEHICLE. IF THE DRIVER OF THE VEHICLE IS **UNDER THE AGE OF 18**, A QUALIFIED BUYER MUST SIGN FOR THE LOAN AND FILL OUT THE APPLICATION.

Description of the vehicle being repaired:	Year:	Make and Model:
Estimated mileage of the vehicle being repaired:		Amount requesting:
Shop Name:		Location:
Vehicle Insurance Company:		Agent phone#:
Vehicle Lien Holder: (Company you make payments to)	Phone #:	Monthly Payment:

APPLICANT INFORMATION
(FILL IN ALL BLANKS USE N/A IF THE QUESTION DOES NOT PERTAIN TO YOU)

Last Name:	First Name:	Middle Name:
Date of Birth:	SSN: - -	Nickname(Goes BY):
Full physical street address:	City:	Zip Code:
County you live in:	How Long:	Remaining time on lease:
Own <input type="checkbox"/> Rent <input type="checkbox"/> Live W/ Relative <input type="checkbox"/> Amount you pay:	Landlord:	Landlord Phone: ()
List everyone living at your address: (First and Last names)		
Permanent Address or Address you prefer to receive mail, if different:		
Best contact # for us to reach you: ()	Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Relative <input type="checkbox"/>	Name Phone is under: (First and Last)
Additional contact # for us to reach you: ()	Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Relative <input type="checkbox"/>	Name Phone is under: (First and Last)
Additional contact # for us to reach you: ()	Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Relative <input type="checkbox"/>	Name Phone is under: (First and Last)
Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/>	Number of Dependents:	
Church or Organization you attend: (Name & Address)		

EMPLOYMENT INFORMATION

Current Employer:			
Full Employer Address:			
Start Date:	Email Address:	Direct Phone Line: ()	Business Main Line: ()
Supervisors Name:		Supervisors Direct Phone Line and/ or Email Address: ()	
Position:	Amount of Paycheck:	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month <input type="checkbox"/>	
Shift Hours:	Shift Days:	Site You Work At:	
Second Job:	Address:	Phone: ()	

BANKING INFORMATION

BANKING INSTITUTE:	ACCOUNT #:
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SPOUSE OR SIGNIFICANT OTHER INFORMATION

Full Name:	SSN: - -	Date of Birth:
Full Current Address: (If different)		Best Contact Number: ()

SPOUSE OR SIGNIFICANT OTHER EMPLOYMENT INFORMATION

Current Employer:	Position:	
Full Employer Address:		
Salary:	Time on Job:	Site they work at:
Direct Line: ()	Main Business Line: ()	Email Address:

Personal Reference #1 (Someone living with you, if applicable, or closest relative)

Name:	Relation:	Address:	Phone:
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Personal Reference #2 (Someone living with you, if applicable, or parent)

Name:	Relation:	Address:	Phone:
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Personal Reference #3 (Parent or closest friend)

Name:	Relation:	Address:	Phone:
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Personal Reference #4 (Friend or relative not living with you)

Name:	Relation:	Address:	Phone:
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Personal Reference #5 (Friend or relative no living with you)

Name:	Relation:	Address:	Phone:
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Additional Reference(Not required but suggested to speed up approval process)

Name:	Relation:	Address:	Phone:
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AUTHORIZATION AND RELEASE OF INFORMATION:

I/We hereby grant permission for the lender and/or its agents to contact me/us in person or by telephone at my/our home or employment in relation to this obligation, its delinquency, or for help relative to the collection of payments, if and when payment is delinquent on the obligation. Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application for your records. You are authorized to check my employment and residential history and contact my references.

Signature of Applicant:	Date:
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