

CREDIT APPLICATION

Date _____

Applicant's Full Name			Date of Birth	Social Security No.		No. Dependents	Is applicant head of household? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address		City	State	Zip Code	Years/Months	Residence Phone No.	
Previous Address		City	State	Zip Code	Years/Months		
Rent <input type="checkbox"/>	Payments	To Whom Paid	Address		City	State	Balance
Own <input type="checkbox"/>	\$						Present Value
Employer		Address		City	State	Years/Months	
Occupation		Department or Supervisor		Job Income		Business Phone and Extension	
				\$ per		Military Enlistment Termination Date	
Previous Employer		Address		City	State	Years/Months	

Allimony, 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.

Other Income: \$ _____ per _____ . Type of Income: _____
 Name of Nearest Relative (Not Living with You) Phone No. _____ Address _____ City _____ State _____ Relation _____

DO NOT COMPLETE THIS SECTION UNLESS THE CREDIT REQUESTED IS TO BE A JOINT OBLIGATION.

Full Name of Joint Applicant			Date of Birth	Social Security No.	
Employer		Address		City	State
Occupation		Department or Supervisor		Job Income	
				\$ per	

Allimony, 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.

Other Income: \$ _____ per _____ . Type of Income: _____
 Name of Nearest Relative (Not Living with You) Address _____ City _____ State _____ Relation _____

LIST ALL OBLIGATIONS	Last Vehicle Financed By	Address	City	State	Year and Make of Vehicle	Monthly Payment	Balance
	Company	Address	City	State	Original Amount	Balance	Monthly Payment
	Company	Address	City	State	Original Amount	Balance	Monthly Payment
	Company	Address	City	State	Original Amount	Balance	Monthly Payment
	Company	Address	City	State	Original Amount	Balance	Monthly Payment
	Company	Address	City	State	Original Amount	Balance	Monthly Payment
	Company	Address	City	State	Original Amount	Balance	Monthly Payment


Name of Bank Reference	Address	City	State	Checking No.	Savings No.
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Has Purchaser declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Co-Purchaser declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>
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THE UNDERSIGNED HEREBY AUTHORIZES SELLING DEALER TO INITIATE A CREDIT INVESTIGATION BASED UPON THE ABOVE INFORMATION, WHICH INFORMATION HAS BEEN VOLUNTARILY PROVIDED BY MYSELF, AND WARRANTS THE TRUTH AND ACCURACY OF THIS INFORMATION. THE UNDERSIGNED FURTHER WARRANTS THAT A BANKRUPTCY PROCEEDING IS NEITHER PRESENTLY IN PROGRESS NOR ANTICIPATED.

APPLICANT'S SIGNATURE _____

JOINT-APPLICANT'S SIGNATURE _____

DATE _____	DATE _____	
Selling Price (Including Tax, Etc.) \$ _____ Cash Down: \$ _____ Trade _____ Year _____ Make _____ Model _____ \$ _____ Allowance Less \$ _____ Owing Net \$ _____ Total Down Payment \$ _____ Unpaid Balance of Cash Price \$ _____ Salesman: _____	Name of Insurance Agent _____ City _____ State _____ Name of Insurance Company _____ City _____ State _____	
		
	1866 W. US Hwy. 90 Lake City, FL 32055 (386) 752-2500 (386) 752-6755 FAX	