

CREDIT APPLICATION

Dealer Mid-State Camper Sales

Ph. (618) 283-4396 Fax (618) 283-4395

Date _____

Address Rt. 1, Box 249, Vandalia, Il 62471

Person Submitting _____

Time _____

Individual Credit – relying on my income or assets.
 Joint Credit – We intend to apply for joint credit.
 (Initials) _____

FIRST NAME	M.I.	LAST NAME	STREET ADDRESS	CITY, STATE, ZIP CODE	HOW LONG AT ADDRESS (YRS.)
HOME PHONE #	CELL PHONE #	DRIVER LIC.#	SOCIAL SECURITY NUMBER		
DATE OF BIRTH	COUNTY YOU LIVE IN	PREVIOUS ADDRESS	CITY, STATE, ZIP CODE	HOW LONG AT ADDRESS (YRS.)	
EMPLOYER(Present—Name, City, State)		EMPLOYER=S ADDRESS		BUSINESS PHONE	POSITION/TITLE
HOW LONG EMPLOYED (YRS.)	MONTHLY GROSS INCOME \$	PREVIOUS EMPLOYER (Name, City, State)			HOW LONG EMPLOYED (YRS.)
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.			OTHER INCOME (Monthly) \$	SOURCE OF OTHER INCOME	
- OWN HOME - RENT	CURRENT MARKET VALUE	TITLE IN NAME(S) OF		BALANCE OWING	MONTHLY PAYMENT
LANDLORD OR MORTGAGE CO.		BANK REFERENCE		CHECKING ACCT. Y or N	SAVINGS ACCT. Y or N
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	PHONE	

Complete this section only if you are applying for joint credit

FIRST NAME	M.I.	LAST NAME	STREET ADDRESS	CITY, STATE, ZIP CODE	HOW LONG AT ADDRESS (YRS.)
HOME PHONE #	CELL PHONE #	DRIVER LIC.#	SOCIAL SECURITY NUMBER		
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NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	PHONE	

Are you a co-maker, endorser, or guarantor on any loan or contract? Yes ___ No ___ For whom? _____
 Are there any unsatisfied judgments against you? Yes ___ No ___ To whom? _____
 Have you ever Filed bankruptcy? Yes ___ No ___ Year? _____

IMPORTANT PLEASE READ

BEFORE YOUR CAMPER CAN LEAVE OUR LOT

YOU MUST CONTACT YOUR INSURANCE COMPANY

Your Ins. Company must provide us with proof of insurance & the information we need or your camper will not leave out lot. Your insurance information is required. You can help by providing as much information below as you can.

INSURANCE COMPANY _____
 AGENT NAME/PH# _____
 AGENT ADDRESS (Including street add.) _____
 CITY, STATE, ZIP _____
 POLICY # _____
 DEDUCTIBLES: COLLISION _____ COMP _____
 PHONE: _____

(Complete only if credit is to be secured.) Briefly describe the property to be given as security:
 YEAR MAKE MODEL NEW/USED

CASH _____ \$ _____
 TRADE IN _____ \$ _____
 DOCUMENTARY FEE _____ \$ _____ \$20.00
 DIFFERENCE or Subiota _____ \$ _____
 TAX _____ \$ _____
 PLUS PAYOFF _____ \$ _____
 LIC. TITLE, FEES _____ 95.00+10.00 Lic.Fee \$ _____
 ADDITIONAL _____ \$ _____
 DOWN PAYMENT _____ \$ _____
 TOTAL TO FINANCE _____ \$ _____
 RATE/MONTHS _____ PAYMENT _____
 OTHER INFO _____

Everything that I have stated in this application and any attached sheets, is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

APPLICANT=S SIGNATURE _____

DATE _____

JOINT APPLICANT=S SIGNATURE (IF ANY) _____

DATE _____

ALL PERSONS NAMED ON CREDIT APPLICATION MUST BE PRESENT FOR SIGNING OF ALL PAPERWORK

