

DEALER _____ PHONE () _____

CONTACT _____ FAX () _____

Civilian Auto Loan Application

Last Name		First	Middle Initial	Social Security Number	Date of Birth	Home Phone ()
Address: Street		City	State	Zip	Time at Residence Yr. Mo.	Cell Phone ()
Rent _____ Own _____ Other _____	Mortgage Holder/Landlord		Phone ()	Mortgage/Rent \$	Time in Area Yr. Mo.	Email address
Previous Address: Street		City	State	Zip	Time at Previous Residence Yr. Mo.	# Dependents _____ Age of Dep(s) _____

EMPLOYMENT/BUSINESS

Current Employer		Address: Street		City	State	Zip	Phone ()	Time Employed Yr. Mo.
Self Emp	Position	Supervisor		Phone/Ext ()		Gross Monthly Income \$		
Previous Employers Name and Full Address (if less than 3 yrs)		Position		Time Employed Yr. Mo.		Phone ()		

OTHER INCOME

Alimony, child support, separate maintenance under:		Court Order	Written Agreement	Oral Understanding
Source of Other Income (Explain):			\$ Per:	Total Gross Monthly Income
Is any income listed in this Section likely to be reduced before the credit requested is paid off?				\$

Marital Status (circle one) Married Separated Unmarried (including single, divorced and widowed)

NOTICE: ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION

CO-APPLICANT

Last Name		First	Middle Initial	Social Security Number	Date of Birth	Home Phone ()		
Address: Street		City	State	Zip	Relationship to Buyer	Cell Phone ()		
Current Employer		Address: Street		City	State	Zip	Phone ()	Time Employed Yr. Mo.
Self Emp	Position	Supervisor		Phone/Ext ()		Gross Monthly Income \$		
Previous Employers Name and Full Address (if less than 3 yrs)		Position		Time Employed Yr. Mo.		Phone ()		

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Name of Bank		Checking Account No.:		Savings Account No.:	
		Direct Deposit? Yes	No	Direct Deposit? Yes	No
Who financed last car?		Present Auto	Year	Make	Model
Is this Vehicle being used as a trade? Yes No (If No, Why?)			Primary Driver of New Purchase:		
Have you ever had a vehicle repossessed? Yes ___ No ___ Date:		Has Judgment been taken against you in the last 12 months? Yes ___ No ___			
Have you ever filed Bankruptcy? Yes ___ No ___ Date:		If yes, please give date and description:			

PRIVACY ACT

The undersigned gives authorization to the Dealer, its Finance Sources and affiliates to obtain your consumer credit report from a Consumer Reporting Agency and to verify all information you have supplied on this application for credit. You understand that any financial institution to which this application for credit is submitted will retain this application whether or not it is approved.

California Residents: An applicant, if married, may apply for a separate account.

Ohio Residents: Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Buyer's Signature: _____ Date: _____

Co-Buyer's Signature : _____ Date: _____