



Phone 866-900-8949 / Fax 866-900-9298

Dealer: \_\_\_\_\_

Contact: \_\_\_\_\_

Applicant Information				Co-Applicant Information				
First Name		Middle Initial	Last Name	First Name		Middle Initial	Last Name	
Social Security #	Birthdate	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Social Security #	Birthdate	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	
Current Street Address			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Current Street Address			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
City	State	Zip	How long?	City	State	Zip	How long?	
Mortgage or Landlord Name			Mo Payment	Mortgage or Landlord Name			Mo Payment	
Home #	Cell #	Work #		Home #	Cell #	Work #		
Email Address				Email Address				
Previous Address				Previous Address				
City	State	Zip	How long?	City	State	Zip	How long?	
Occupation			Gross Mo Income	Occupation			Gross Mo Income	
Employer			How long?	Employer			How long?	
Previous Employer			How long?	Previous Employer			How long?	
Source of Other Income			Monthly?	Source of Other Income			Monthly?	
Nearest Relative (Not living in household)			Relationship	Address		Phone Number		
Unit Info: <input type="checkbox"/> New <input type="checkbox"/> Used Mileage:				Boat: <input type="checkbox"/> New <input type="checkbox"/> Used Engine: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard				
Year	Make	Model#	Length	Year	Make	Model#	Length	
<input type="checkbox"/> RV/Camper <input type="checkbox"/> MotorHome <input type="checkbox"/> Horse Trailer <input type="checkbox"/> Motorcycle				Boat Trailer Engine(s) H/P				
Applicant(s)				Trade		Transaction		
<p>Everything I have stated in this application is true to the best of my knowledge, and is an accurate statement of my obligations and the income upon which I will rely on to pay the credit requested. I understand that you will rely on this information in deciding whether or not to grant or continue credit to me. I also understand that you will retain this information whether or not my application is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.</p>				Description of Trade-In		Selling Price \$		
				Balance Owed To:		Cash Down -\$	Trade Equity -\$	
				Trade-In Allowance -\$		Taxes +\$	Fees +\$	
				Trade Payoff \$		Warranty +\$	Tag & Title +\$	
				Trade Equity \$		Service Adds +\$	Misc. +\$	
Signature of Applicant _____ Date _____				Amount Financed: \$				
Signature of Co-Applicant _____ Date _____				<b>MEMBER FDIC</b>				
Applicant Signature _____		Co-Applicant Signature _____						