

FAX: (386) 325-6020

PH: (386) 328-7474

# SCRUGGS MOTOR CO.

ILD CREDIT APPLICATION - DEALER

Date: \_\_\_\_\_

DETAILS OF TRANSACTION				THIS SECTION TO BE COMPLETED BY DEALER		CASH PRICE	
PURCHASER	<input type="checkbox"/> NEW	YR.	MAKE	MODEL	CASH DOWN PAYMENT		
	<input type="checkbox"/> USED	VEH. IDENT. NO.		MILEAGE	TRADE - IN - ALLOW.		
EQUIPMENT <input type="checkbox"/> AT <input type="checkbox"/> AC <input type="checkbox"/> PS <input type="checkbox"/> PB <input type="checkbox"/> EXT CAB <input type="checkbox"/> CUSTOM WHEELS <input type="checkbox"/> 4WD				OWING ON TRADE			
ITEMIZE OTHER <input type="checkbox"/> CC <input type="checkbox"/> PL <input type="checkbox"/> PW <input type="checkbox"/> ES <input type="checkbox"/> DUAL AIR <input type="checkbox"/> CD PLAYER <input type="checkbox"/> TILT				NET TRADE-IN			
TRADE IN	YR.	MAKE	MODEL	TOTAL DOWN PAYMENT			
	VEH. IDENT. NO.			UNPAID BALANCE OF CASH PRICE			
	EQUIPMENT <input type="checkbox"/> AT <input type="checkbox"/> AC <input type="checkbox"/> PS <input type="checkbox"/> PB			OTHER CHARGES TO BE FINANCED			
	ITEMIZE OTHER			TOTAL AMOUNT TO BE FINANCED			

### CREDIT APPLICATION

APPLICANT'S NAME			AGE	DATE OF BIRTH	SOC. SEC. NO.
PRESENT ADDRESS				HOW LONG	HOME PHONE NO.
PREVIOUS ADDRESS		HOW LONG	2nd PREVIOUS ADDRESS		HOW LONG
PRESENT EMPLOYER		TIME ON JOB	OCCUPATION	EARNINGS FROM EMPLOYMENT	
		DEPT. OR SUPV.		\$	PER
SOURCE OF OTHER INCOME (ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE DISCLOSED)				AMOUNT \$	PER
				AMOUNT \$	PER
PREVIOUS EMPLOYER		TIME ON JOB	OCCUPATION		
DRIVER'S LICENSE NO.	STATE	NO. OF DEPENDENTS:	AGE:		
NEAREST RELATIVE (NOT LIVING IN HOUSEHOLD)		RELATIONSHIP	ADDRESS	PHONE NO.	
RELATIVE				PHONE NO.	
<input type="checkbox"/> MORTGAGE CO. / LAND CONTRACT HOLDER (BUYING OR PAID FOR)		NAME, ADDRESS & PHONE NO.		ORIG. MORT. PAYMT.	MO. PAYMT./RENT
OR				PRESENT BALANCE	VALUE OF HOME
<input type="checkbox"/> LANDLORD (RENTING)				\$	\$
OTHER OBLIGATIONS - ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE, ETC.				\$	PER

### CREDIT REFERENCES INCLUDE FINANCE COMPANIES, BANKS, CREDIT CARDS, CHARGE ACCOUNTS . . .

NAME OF CREDITOR / CREDIT CARD	ADDRESS, BRANCH OR CREDIT CARD NO.	OPEN	CLOSED	BAL. OWING IF OPEN	DATE CLOSED IF CLOSED	ORIG. BAL.	MO. PAYMT. AMOUNT
PREVIOUS CAR FINANCED BY:		BRANCH OR ADDRESS		TYPE OF ACCOUNT		TYPE OF ACCOUNT	
BANK OR SAVINGS & LOAN ACCT.				<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING		<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	

### INSURANCE INFORMATION IF APPLICANT IS OBTAINING OWN COVERAGE . .

INSURANCE CO.	AGENT	PHONE NO.	COVERAGE
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### JOINT-APPLICANT

NAME			AGE	DATE OF BIRTH	SOC. SEC. NO.
PRESENT EMPLOYER		TIME ON JOB	OCCUPATION	EARNINGS FROM EMPLOYMENT	
		DEPT. OR SUPV.		\$	PER
				PHONE NO.	
SOURCE OF OTHER INCOME (ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE DISCLOSED)				AMOUNT \$	PER

THE UNDERSIGNED HEREBY AUTHORIZES SELLING DEALER TO INITIATE A CREDIT INVESTIGATION BASED UPON THE ABOVE INFORMATION, WHICH 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	DATE	JOINT-APPLICANT'S SIGNATURE	DATE
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