

LOUISIANA AUTO SALES LLC

3300 GEORGIA
LOUISIANA, MO. 63353
OFFICE & FAX: 573-754-5131

CREDIT APPLICATION

FILL OUT EVERY SPOT PRIOR TO TURNING IN APPLICATION

PROOF OF VALID DRIVERS LICENSE AND INCOME MUST BE ATTACHED TO APPLICATION

DATE:
VEHICLE:
MILEAGE:
PRICE:
TRADE AMOUNT:
DOWN PAYMENT:
AMOUNT FINANCED:
PAYMENT AMOUNT: (CHECK ONE) <input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> 2X MONTH <input type="checkbox"/> MONTHLY

APPLICANT NAME /ADDRESS

CO-APPLICANT NAME / ADDRESS

FIRST	FIRST
MIDDLE	MIDDLE
LAST	LAST
MAIDEN NAME (If Applicable)	MAIDEN NAME (If Applicable)
ADDRESS	ADDRESS
CITY COUNTY	CITY COUNTY
STATE ZIP	STATE ZIP
HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE
EMAIL ADDRESS	EMAIL ADDRESS
DATE OF BIRTH	DATE OF BIRTH
SOCIAL SECURITY #	SOCIAL SECURITY #
DRIVERS LICENSE #	DRIVERS LICENSE #

HOW LONG AT CURRENT ADDRESS?

YEARS MONTHS	YEARS MONTHS
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PREVIOUS ADDRESS

ADDRESS	ADDRESS
CITY	CITY
STATE ZIP	STATE ZIP

HOW LONG AT PREVIOUS ADDRESS?

YEARS MONTHS	YEARS MONTHS
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MARITAL STATUS # OF CHILDREN	MARITAL STATUS # OF CHILDREN
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Page 1 of 7

MORTGAGE OR LANDLORD INFORMATION

APPLICANT

CO-APPLICANT

<input type="checkbox"/> MORTGAGE	<input type="checkbox"/> RENT	<input type="checkbox"/> MORTGAGE	<input type="checkbox"/> RENT
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MORTGAGE COMPANY OR LANDLORD ADDRESS

NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
PHONE	PHONE
RENT/PAYMENT AMOUNT	RENT/PAYMENT AMOUNT

EMPLOYER INFORMATION

EMPLOYER	EMPLOYER
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
PHONE EXTENSION #	PHONE EXTENSION #
SUPERVISOR	SUPERVISOR

HOW LONG AT CURRENT JOB?

YEARS	MONTHS	YEARS	MONTHS
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AMOUNT OF PAY CHECK

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HOW OFTEN YOU GET PAID?

<input type="checkbox"/> WEEKLY	<input type="checkbox"/> EVERY 2 WEEKS	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> EVERY 2 WEEKS
<input type="checkbox"/> 2 X MONTH	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> 2 X MONTH	<input type="checkbox"/> MONTHLY

ADDITIONAL INCOME (Child Support, Alimony, Annuity, Settlements, State Assistance)

AMOUNT	FROM:	AMOUNT:	FROM:
AMOUNT	FROM:	AMOUNT:	FROM:

PREVIOUS EMPLOYER

COMPANY NAME	COMPANY NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
PHONE	PHONE
SUPERVISOR	SUPERVISOR

HOW LONG AT PREVIOUS JOB?

YEARS	MONTHS	YEARS	MONTHS
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Page 2 Of 7

WHAT WAS REASON FOR LEAVING PREVIOUS JOB?

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CREDIT REFERENCES OR CURRENT LOANS

(BANKS, CREDIT UNIONS, FINANCE CO., CREDIT CARDS, CELL PHONES, OUTSTANDING LOANS OR UTILITY COMPANY)

REFERENCE_____	REFERENCE_____
MONTHLY PAYMENT_____	MONTHLY PAYMENT_____
BALANCE	BALANCE
REFERENCE_____	REFERENCE_____
MONTHLY PAYMENT_____	MONTHLY PAYMENT_____
BALANCE	BALANCE
REFERENCE_____	REFERENCE_____
MONTHLY PAYMENT_____	MONTHLY PAYMENT_____
BALANCE	BALANCE

DO YOU HAVE A CHECKING OR SAVINGS ACCOUNT?

CHECKING <input type="checkbox"/> YES <input type="checkbox"/> NO	CHECKING <input type="checkbox"/> YES <input type="checkbox"/> NO
SAVINGS <input type="checkbox"/> YES <input type="checkbox"/> NO	SAVINGS <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF BANK	NAME OF BANK
ADDRESS	ADDRESS
CITY	CITY
STATE ZIP	STATE ZIP

HAVE YOU EVER FILED BANKRUPTCY? IF YES WHEN?

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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DO YOU HAVE ANY JUDGEMENTS, GARNISHMENTS OR A PENDING BANKRUPTCY? EXPLAIN

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU EVER HAD A VEHICLE REPOSSESSED? IF YES WHEN?

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Remarks or Explanation

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Page 3 of 7

REFERENCES PARENTS NAME

APPLICANT			CO-APPLICANT		
FIRST NAME	MIDDLE	LAST	FIRST NAME	MIDDLE	LAST
ADDRESS			ADDRESS		
CITY			CITY		
STATE		ZIP	STATE		ZIP
PHONE #			PHONE #		

OTHER RELATIVE

APPLICANT			CO-APPLICANT		
FIRST NAME	MIDDLE	LAST	FIRST NAME	MIDDLE	LAST
ADDRESS			ADDRESS		
CITY			CITY		
STATE		ZIP	STATE		ZIP
PHONE NUMBER			PHONE NUMBER		
RELATIONSHIP			RELATIONSHIP		

FRIEND

FIRST NAME	MIDDLE	LAST	FIRST NAME	MIDDLE	LAST
ADDRESS			ADDRESS		
CITY			CITY		
STATE		ZIP	STATE		ZIP
PHONE #			PHONE #		

Page 4 of 7

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PROFESSIONAL PERSON OR SUPERVISOR

FIRST NAME	MIDDLE	LAST	FIRST NAME	MIDDLE	LAST
ADDRESS			ADDRESS		
CITY			CITY		
STATE		ZIP	STATE		ZIP
PHONE #			PHONE #		

PROOF OF INCOME MUST BE ATTACHED TO APPLICATION

For purpose of securing credit from you, I certify that the above information is true and complete to the best of my knowledge. I authorize you to check my credit and employment history and to provide and/or obtain information about credit experience with me. I agree that you, your affiliates, agents and service providers may monitor and record telephone calls regarding my account to assure the quality of your service or for other reasons. I also expressly consent and agree to you, your affiliates, agents and service providers using written, electronic or verbal means to contact me. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, emails, and/or automatic telephone dialing systems. I agree you, your affiliates, agents and service providers may do so using any email address or any telephone number I provide now or in the future, including a number for a cellular phone or other wireless device, regardless of whether I incur charges as a result.

APPLICANT'S SIGNATURE	CO-APPLICANT'S SIGNATURE
DATE	DATE

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Page 5 of 7

IF APPROVED FOR A LOAN AND YOU HAVE A TRADE-IN YOU MUST BRING A COPY OF THE TITLE FOR THE VEHICLE YOU ARE TRADING IN.

IF APPROVED HOW WOULD YOU LIKE THE NAME OR NAMES LISTED ON LOAN AND TITLE.

FIRST NAME ON TITLE: _____

CURRENT ADDRESS: _____

SECOND NAME ON TITLE: _____

CURRENT ADDRESS: _____

DO YOU WANT A TOD LISTED? (TRANSFER ON DEATH)

NAME: _____

Page 6 of 7

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LIENHOLDER INFORMATION

DATE _____

PURCHASER NAME _____

YEAR _____ MAKE _____

MODEL _____

VIN # _____

LIENHOLDER'S NAME/ADDRESS/PHONE NUMBER:

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THIS PURCHASER MUST CARRY FULL COVERAGE INSURANCE.
\$ 500.00 DEDUCTABLE

PLEASE CONTACT US IF THERE ARE ANY QUESTIONS.

SIGNATURE _____

SIGNATURE _____