CS: PPM:

Credit Application Bodigon Sales & Service Yellow highlighted MUST be completed to process application!

Application: Individual	OR Joint			
First Name	Last Name		MI:	
BirthDate/Soc	cial Security #	_Phone Number		
Address	APT/LotCit	:y	State	Zip
Drivers License #	State Reg	istered:		
Vehicle Insurance Compan	У	Deductibles		
PayDown				
Trade: Year Make	Model	MilesColor	·	
Checking Account: YES or N	NO Saving Account: YES or	NO Prepaid Card: YI	ES or NO	Bank Name
	ay Per Month I			
Monthly Income:	Employer	Start Date	_//_	Occupation
EmployerAddress	City	State2	Zip	Phone
BirthDate/Soc	Last Name cial Security # APT/LotCit	_Phone Number		
Drivers License #	State Reg	istered:		
Vehicle Insurance Compan	У	Deductibles		
Checking Account: VES or N	NO Saving Account: YES or	NO Prepaid Card: Y	ES or NO	Bank Name
Checking Account. 123 of 1	TO Saving Account: 125 of			
_	ay Per Month [•		
Home: OWN or RENT Pa	•	Move in date		Occupation
Home: OWN or RENT Pa	ay Per Month [Move in dateStart Date		
Home: OWN or RENT Part Monthly Income: EmployerAddress	ay Per Month [Move in dateStart DateState	_//_ Zip	

Proof of Income

Proof of Bank Accounts

Proof of Insurance

Personal information is NOT shared outside of when applying for credit from our creditors

2 Proofs of Residence

License

Common Documents Needed: