

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 ____/____/____ Social Security # ____-____-____ Phone Number ____-____-____

Address _____ APT/Lot _____ City _____ State _____ Zip _____

Drivers License # _____ State Registered: _____

Vehicle Insurance Company _____ Deductibles _____

PayDown _____

Trade: Year _____ Make _____ Model _____ Miles _____ Color _____

Checking Account: YES or NO Saving Account: YES or NO Prepaid Card: YES or NO Bank Name _____

Home: OWN or RENT Pay Per Month _____ Move in date _____

Monthly Income: _____ Employer _____ Start Date ____/____/____ Occupation _____

EmployerAddress _____ City _____ State _____ Zip _____ Phone ____-____-____

CO-APPLICANT

First Name _____ Last Name _____ MI: _____

BirthDate ____/____/____ Social Security # ____-____-____ Phone Number ____-____-____

Address _____ APT/Lot _____ City _____ State _____ Zip _____

Drivers License # _____ State Registered: _____

Vehicle Insurance Company _____ Deductibles _____

Checking Account: YES or NO Saving Account: YES or NO Prepaid Card: YES or NO Bank Name _____

Home: OWN or RENT Pay Per Month _____ Move in date _____

Monthly Income: _____ Employer _____ Start Date ____/____/____ Occupation _____

EmployerAddress _____ City _____ State _____ Zip _____ Phone ____-____-____

Applicant Signature _____ Date _____

Coapplicant Signature _____ Date _____

Common Documents Needed:	License	Proof of Income	Proof of Insurance
	2 Proofs of Residence	Proof of Bank Accounts	

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