AZURE
FUNDING

232 Causeway Drive, Suite 1B, Wrightsville Beach, NC 28480
Direct:1-(888)-311-0101 Fax: (910)-294-6455

_____I am applying for credit in my own name. Assets and/or income of another party are not being relied on for this loan.	We are applying for joint credit: _____(Applicant's initials) _____(Co-applicant's initials)

APPLICANT

First Name	Last Name	Birth Date	Social Security	(H) Phone:
				(C) Phone:

Current Address	City	State	Zip Code	Years There	Home: Rent___ Own___ With Relatives___ Military___ Other___
Previous Address	City	State	Zip Code	Years There	Monthly Payment $

Email	(Circle) Married / Single / Separated	(Circle) US Citizen Y N

Current Employer	Job Title	How Long?	Phone #	Annual Income $
Previous Employer	Job Title	How Long?		
Other Source of Income	Annual Income $			

CO-APPLICANT

First Name	Last Name	Birth Date	Social Security	(H) Phone:
				(C) Phone:

Current Address	City	State	Zip Code	Years There	Home: Rent___ Own___ With Relatives___ Military___ Other___
Previous Address	City	State	Zip Code	Years There	Monthly Payment $

Email	(Circle) Married / Single / Separated	(Circle) US Citizen Y N

Current Employer	Job Title	How Long?	Phone #	Annual Income $
Previous Employer	Job Title	How Long?		
Other Source of Income	Annual Income $			

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

By signing below, I/We certify that all information given on this application is complete and true. I/We understand that you wiil be relying on the information provided for the purpose of which the loan application is made. I/We authorize Azure Funding, LLC any financial insitution and affiliates or agents which will review this credit application, to make inquiries from credit bureaus, employers, creditors and references listed on this application. I/We also authorize Azure Funding , LLC to provide to other persons or or financial institutions, upon request, information relating to my/our credit or experience with a particular creditor. I/We authorize Azure Funding, LLC to see a copy of a drivers license(s) or any other related document(s). Note: a final decision on the application is solely based on the financial institutions complete review.

x_____ _____
Applicant Signature **Date**

x_____ _____
Co-applicant Signature **Date**

New or Used	Year	Make	Model
Boat			
Motor			
Trailer			
Trade-in			
Payoff on Trade to:			
Invoice/Nada			

Selling Price	$_____
Trade Allowance	$_____
Trade Payoff	$_____
Taxes	$_____
TT&L	$_____
Cash Down	$_____
Amount Financed	$_____