

SUNSHINE AUTO SALES

AUTO FINANCING APPLICATION

(A) APPLICANT INFORMATION	(B) JOINT APPLICANT INFORMATION	
FULL NAME:	FULL NAME:	
DOB:	DOB:	
SSN:	SSN:	
CELL PHONE:	CELL PHONE:	
WORK PHONE:	WORK PHONE:	
ADDRESS:	ADDRESS:	
HOW LONG?	HOW LONG?	
MONTHLY RENT/MORTGAGE:	MONTHLY RENT/MORTGAGE:	
LANDORD/MORTGAGE HOLDERS NAME:	LANDORD/MORTGAGE HOLDERS NAME:	
LANDORD/MORTGAGE HOLDERS PHONE:	LANDORD/MORTGAGE HOLDERS PHONE:	
CURRENT EMPLOYER'S NAME:	CURRENT EMPLOYER'S NAME:	
CURRENT EMPLOYER'S ADDRESS:	CURRENT EMPLOYER'S ADDRESS:	
CURRENT EMPLOYER'S PHONE:	CURRENT EMPLOYER'S PHONE:	
GROSS MONTHLY SALARY:	GROSS MONTHLY SALARY:	
OCCUPATION/JOB TITLE:	OCCUPATION/JOB TITLE:	
HOW LONG?	HOW LONG?	
OTHER INCOME NOTE: Alimony, child support, or separate maintenance incomes do not have to be revealed unless the applicant wishes to have such sources considered as a basis for repayment of the requested credit amount. GROSS MONTHLY OTHER INCOME OTHER INCOME SOURCE GROSS MONTHLY		
GROSS MONTHLY OTHER INCOME:	GROSS MONTHLY OTHER INCOME:	
SOURCE:	SOURCE:	
REFERENCE 1 NAME/ADDRESS/PHONE:		
REFERENCE 2 NAME/ADDRESS/PHONE:		
REFERENCE 3 NAME/ADDRESS/PHONE:		

I CERTIFY THAT ALL INFORMATION GIVEN BY ME ON THIS APPLICATION IS COMPLETE AND ACCURATE. I GIVE MY PERMISSION FOR ANY FINANCIAL INSTITUTION WHICH WILL REVIEW THIS CREDIT APPLICATION, TO INVESTIGATE MY CREDIT AND EMPLOYMENT HISTORY, AND TO ANSWER QUESTIONS ABOUT THEIR CREDIT EXPERIENCE WITH ME INCLUDING BUT NOT LIMITED TO LATE PAYMENTS, MISSED

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PAYMENTS OR OTHER DEFAULTS, AND THIS INFORMATION MAY BE REPORTED IN YOUR CREDIT REPORT.

APPLICANT SIGNATURE _____
REQUIRED

DATE: _____

(A) APPLICANT Driver's License No. _____

JOINT APPLICANT SIGNATURE _____

REQUIRED (means you intend to apply for joint credit)

DATE: _____

(B) JOINT APPLICANT Driver's License No. _____

DEALER USE ONLY:	
YEAR/MAKE/MODEL:	
MILEAGE:	
TERM:	
RATE:	

FINANCING DEALERSHIP:
SUNSHINE AUTO SALES (81668)
16372 NC HWY 50N
GARNER, NC 27529
920-217-2020, OR 919-591-7680
SunshineAutoSalesNC@Gmail.com