Sales Rep Loan Term

CREDIT APPLICATION															
PRODUCT TYPE:										TOTAL INCENTIVES: \$					
TOTAL AMOUNT REQUESTED: \$				IS THIS A MOBILE HOME? YES NO DOWN PAYMENT: \$											
CHECK APPLICABLE BOX: INDIVIDUAL CREDIT (Applicant Only)						JOINT CREDIT									
(A) APPLICANT INFORMATION PRINT FULL NAME					(B) JOINT APPLICANT INFORMATION PRINTFULL NAME										
DOB		SSN			DOB				SSN						
STREET ADDRESS							STREET ADDRESS								
CITY		STATE ZIPCODE			CITY	CITY			STATE ZIPCODE						
HOW LONG? HOME PHONE		CELL F		PHONE		HOW LONG?			ME PHONE		CELL PHON	CELL PHONE			
NAME ON DEED			MONTHLY RENT/MORTGAGE PMT		NAME	NAME ON DEED				MONTHLY RENT/MORTGAGE PMT					
										MONTHETT	CITT/MORT O/ CO				
EMAIL ADDRESS					EMAIL ADDRESS										
PERSONAL BANK MORTGAGE BA			INK	PERSO	PERSONAL BANK				MORTGAGE BANK						
REMAINING BALANCE ON THE HOUSE					REMAINING BALANCE ON THE HOUSE										
CURRENT EMPLOYER					CURRENT EMPLOYER										
GROSS MONTHLY SALARY W		WORK PHONE	WORK PHONE		GROSS	GROSS MONTHLY SALARY				WORK PHONE					
OCCUPATION/JOB TITLE			HOW LONG	HOW LONG?			OCCUPATION/JOB TITLE				HOW LONG?				
BANK ACCOUNT:		ROUTING NUMBER:		BANK A	BANK ACCOUNT:				ROUTING NUMBER:						
OTHER INCOME NOTE: Alimony, child support, or								to be r	evealed	unless th	he applican	t wishes	to have		
such sources considered as a basis for repayment of gross Monthly Other Income OTHER INCOME OTHER INCOME SO								INCOME		OTHER INCO	OME SOURCE				
REFERENCE 1		PHONE			ADDRESS				RELATIONSHIP						
REFERENCE 2		PHONE			ADDRE	ADDRESS				RELATIONSHIP					
Documents Required:				Documents Required:											
COPY OF CURRENT GOVERNMENT ISSUED ID					COPY OF CURRENT GOVERNMENT ISSUED ID										
COPT OF CORNENT GOVERNMENT				13302010			SOLVER SO								
FAIR CREDIT REPORTING ACT TO CONSUMER															
THIS WILL ADIVSE YOU THAT YOUR RETAIL INSTALLMENT SALES CONTRACT AND BUYER'S APPLICATION FOR SECURED DEBT WILL BE SUBMITTED TO FINANCIAL INSTITUTIONS AND THEIR AFFILIATES FOR PURCHASE AND CONSIDERATION AS TO WHETHER YOU MEET THEIR CREDIT REQUIREMENTS.															
THE UNDERSIGNED FURTHER AUTHORIZES THESE FINANCIAL INSTITUTIONS AND THEIR AFFILIATES TO OBTAIN SUCH INFORMATION THAT THEY MAY REQUIRE IN															
ORDER TO VERIFY INFORMATION RELATIVE TO THIS REQUEST INCLUDING CONTACTING SPOUSES TO VERIFY SPOUSE RELATED INFORMATION. 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 CREIDT 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 PAYMENTS OR OTHER DEFAULTS, AND THIS INFORMATION MAY BY REPORTED IN MY CREIDIT REPORT. AS WELL AS FOR ANY UPDATE, RENEWAL OR EXTENSION OF THE FINANCING RECEIVED. THIS APPLICATION MAY BE SUBMITTED TO MORE THAN ONE POTENTIAL LENDER.															
Applicant Signature Required Please check one #			State	Date: State Exp Date:		Joint Applicant Signature Required Please check one #			red	Date:			nte:		
ID DL	**		State	Exp Dute.	ID D	DL					State	LAP De			
Applicant	Applicant Initials: Joint Applicant Initials:														