

DEALER INFORMATION ONLY
From:
Car:

Leasing - Financing - Sales - Export

## F: 866-457-8999 E: Sales @ XclusiveAutoNYC.com

Sign

<u>Applicant Information</u>			
MAIN: CO:			
First Name:	Last Name:		
Social Security #:	Date of Birth:	Date of Birth:	
Home Address:			
City: State:		Zip:	
Home Phone #:	Cell phone #:	Cell phone #:	
Email Address:	How Long?	How Long?	
Do you Own or Rent?	_ Monthly Mor	Monthly Mortgage/Rent:	
Previous Address (If less than 2 years at curren	residence)		
How Long?			
<u>Employn</u>	nent Information	<u>n</u>	
Business Name:			
Business Address:			
City:			
Employer's Phone #:		How Long?	
Gross Annual Income:	Other Income	Other Income Source/Amount:	
Previous Employer:	Title:	How Long at previous — employer? ————————————————————————————————————	
Address:	Gross Annual	Income:	
I (we) certify that the above information is complete and accurand the release of any related information. I (we) authorize you (we) have no outstanding obligations except as shown in this ap	te. I (we) authorize an investiga to exchange credit information v	with other in connection with this application. I	
X: X:		Date:	

Print