

Auto Outlet

Auto Loan Request Form

104 NW 7TH ST. FAIRFIELD, IL 62837 618-599-8850

PERSONAL INFORMATION

NAME _____

ADDRESS _____ HOW LONG @ADDRESS _____

*RENT ___ *OWN ___ MONTHLY PAYMENT AMOUNT\$ _____

PREV ADDRESS (IF LESS THAN 2 YEARS):

PHONE# _____

E-MAIL ADDRESS _____

DATE OF BIRTH ____ / ____ / ____

SOCIAL SECURITY _____

DRIVERS LICENSE# _____

ISSUED DATE ____ / ____ / ____ EXPIRATION DATE ____ / ____ / ____

MOTHERS MAIDEN NAME (SECURITY QUESTION) _____

NEAREST RELATIVE (NOT LIVING WITH YOU)

NAME: _____ ADDRESS: _____

EMPLOYER INFORMATION

EMPLOYER _____

EMPLOYER ADDRESS: _____ PHONE _____

OCCUPATION/TITLE _____

HOW LONG WITH THIS EMPLOYER? _____

HOW OFTEN DO YOU GET PAID *WEEKLY ___ *BI-WEEKLY ___ *MONTHLY ___ *OTHER ___

GROSS PAY (BEFORE TAXES) \$ _____ (30 DAYS PROOF OF INCOME REQUIRED)

PREV EMPLOYER (IF LESS THAN 2 YEARS)

X _____ SIGNATURE** (TYPE NAME)

**DIGITAL SUBMISSION = BY SIGNING &/OR DIGITALLY SUBMITTING THIS APPLICATION, I GRANT PERMISSION TO HAVE MY CREDIT CHECKED, VERIFIED, AND SHARED WITH/BY AUTO OUTLET AND ITS ASSOCIATED FINANCIAL INSTITUTIONS, FOR THE PURPOSES OF OBTAINING A LOAN.

PLEASE INCLUDE THE FOLLOWING ALONG WITH THE AUTO LOAN REQUEST FORM:

- **CLEAR IMAGE/SCREENSHOT OF THE COMPLETED AUTO LOAN REQUEST FORM**
- **CLEAR IMAGE OF THE FRONT OF YOUR DRIVERS' LICENSE.**
- **CLEAR IMAGES OF LAST 30 DAYS PROOF OF VERIFIABLE INCOME (EXAMPLE SOURCES)**

***PAYCHECK STUBS**

***AWARDS LETTER (IF APPLICABLE TO YOUR INCOME) FROM SOCIAL SECURITY, RETIREMENT, DISABILITY, ETC.**

SELF EMPLOYED? (CONTACT US) WE MAY NEED INFORMATION FROM YOUR LAST FILED TAX RETURN / BANK.

CASH PAYMENT CANNOT BE CLAIMED AS INCOME

UNEMPLOYMENT WAGES ARE NOT COUNTED AS INCOME

IF ANY ADDITIONAL INFORMATION IS NEEDED, WE WILL CONTACT YOU! WE GENERALLY WILL REACH OUT TO YOU THE SAME DAY WITH A LOAN DECISION ONCE ALL OF YOUR INFORMATION HAS BEEN RECEIVED.

THANK YOU!

- FINANCE DEPT.

AUTO OUTLET

"Take The Right Road"

