

Form # 400019 Rev. 2/07

## **APPLICATION FOR CREDIT**

-	JOINT CREDIT
	INDIVIDUAL CREDIT

Please complete all appropriate sections, providing at least two years residence and employment history. (If additional space is needed, please use back of this application.) **READ TO APPLICANT:** "If married, you have the right to apply for credit separately from or jointly with your spouse."

Purpose: _	7.1. FIOA	- we star	_ Cash Price: \$ _			ov orealt separat own Payment: \$	•		-	t Financed:	\$		PL :el	EASE RINT	
APPLICANT	f: Last Na	me		First				MI	Social S	Security No.		D	ate of Birth		
Residence Add	dress:	Street				City			State		······	Zìp	How Long	?	
						•		4.					Yrs.	Mos.	
Previous Address: (If less than 2 years)											How Lor	ng Mos.	No. Deper	ndents	
Home Phone	No.		Cell Phone No.			Email Address:									
( )			( )						·····						
Buy Rent Landlord or Mortgage Holder					Mortgage or Rent Payment			Purchase Price of Property Estimated H			me Value	Mortg	age Balance		
Other Employer's Na	me and Address	S			1Ψ	71		ccupation		ΙΨ		IΨ	How Long		
Worls Obaso N	la.	h.f.e	anthy Incomo From Emple	n.var			Previou	ie Employer					Yrs. How Long	Mos.	
( )	ork Phone No. Monthly Income From Employer  GROSS: \$				Previous Employer								Yrs.	Mos.	
All Other Mont	thly Income*			Source of Oth	ner Inco	ome			Total :	Monthly Income	ê		•		
GROSS: \$		NET:	\$			***************************************		Manager	GROS			NET: \$			
*OTHER IN need not be	ICOME: (Reac e revealed if y	d to applica ou do not o	ant. "Income from alir choose to rely on such	полу, child s i income in a	uppoi pplyin	rt, or separate mai ig for credit.")	intenar	1CE Has applica (If "Yes", inc		bankruptcy w r taken)	vithin the I	ast 7 years?	□ No	Yes	
Bank Referen	ice:	Name				Address					_	ecking 🔲 Lo			
								A status as			Ll Sa		-		
Personal Refe	erence (Relative	or Friend) Na	ime					Address				Phone	NO.		
Are you a co	o-maker, endo	orser, or gu	arantor on any loan or	contract?		Yes 🗌 No 🗆	If Yes,	to whom							
Are you liab	le to pay alim	ony, child s	support, separate mair	tenance?		Yes 🗌 No 🗀	If Yes,	, Amount \$							
Auto Yr / Mo	odel			Fi	nanced	i By						Applicant _	Co-Applic	cant 🗌	
Auto Yr / Mo	odel			Fi	nanced	і Ву						Applicant	Co-Applic	eant 🗀	
CO-APPLIC	CANT: Last N	lame		Firs	št			MI	Social	Security No.		ſ	Date of Birth		
Residence Ad	ddress:	Street	•			City			State			Zip	How Lon	g?	
													Yrs.	Mos.	
Home Phone	No.	No. D	ependents	l ′	•								Rent or P	-	
( )	lama and Addres		±	Other:			10	Occupation					\$   How Lon	/Mo.	
Employers N	lame and Addre	35					`	Jeografion					Yrs.	Mos.	
Work Phone I	No.	N	fonthly Income From Emp	oloyer			Previo	ous Employer					How Lon	g?	
( )	)	G	ROSS: \$	NE	т: \$								Yrs.	Mos.	
				Source of O	ther Inc	come		Total Monthly Income GROSS: \$			ne	NET:	¢.		
		d to applic	ant. "Income from ali				intena		ant taker	bankruptcy	within the	·····	<u></u>	Yes	
need not b	e revealed if y	you do not	choose to rely on such	n income in a	applyir	<u> </u>		(If "Yes", in	dicate yea	ar taken)	1				
Bank Reference: Narne Add						Address					_	hecking Lu aving DO			
Personal Refe	erence (Relative	or Friend) Na	ame					Address				Phon			
Are you a c	co-maker, end	lorser, or a	uarantor on any loan o	r contract?		Yes No 🗆	If Yes	, to whom							
•		_	support, separate mai			Yes No							-		
connection person or c any informa its Assignee for the purp	with this cre consumer repation that it makes of operty, so ose of obtain	edit applic corting ag nay have o whether c ining the o	signee, Lendmark F sation and in the co- ency to complete a or obtain in respons- or not credit is exten credit requested. I a . and/or its affiliates	urse of its r nd furnish i e to such ir ded. All inf acknowledd	eviev to the quirie orma ae tha	v or collection of Seller and its A es, and agree tha tion stated in this at my application	f any o ssigne at sucl s appl	credit extende ee, Lendmark h information, ication is decl	d in reli Financi along v ared to	ance on thi al Services, vith this app be a true re	s applica , Inc. and plication, presenta	ation. I fur I its subsides Shall remantion of the	ther author diaries or a ain the Sel facts and	orize any affiliates ler's and lis made	
Driver's License No. and State (or State I.D. No.)					Other Qualifying I.D.										
Dealer's Name Fax Nu					umber Appli			cant's Signature					Date		
Dealer's Location Pho				Phone Num	ber		-applicant's Signature				<del></del>	Date			