

CUSTOMER'S STATEMENT

(Check Applicable Box) Maker Co-maker

(FOR INTERNAL USE ONLY)

Check Individual credit-applying for credit in your own name & relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested.

Box Joint credit - applying for joint credit with another person (Relationship to co-applicant, if any _____)

Individual Credit - Applying for joint credit in your own name but relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested.

Please Print

Print Mr. First Middle Last Date of Birth
Full Ms. Month Day Year
Name Mrs.
Driver's License # (Indicate State) Social Security Number Area Code Home Phone Number - Listed ___ Unlisted ___
()

PHYSICAL ADDRESS

Number and Street _____
City _____ State _____ Zip Code _____ Years _____ Months _____

MAILING ADDRESS IF DIFFERENT

Number and Street _____
City _____ State _____ Zip Code _____ Years _____ Months _____

Rent by Month Landlord or Mortgage Holder Monthly Payment or Rent Amount
 Lease _____
 Own _____

Previous Home Address

Number & Street _____
City _____ State _____ Zip _____ County _____ Lived There () yrs () months

Employed By

Self Others Name _____ Number and Street _____
City _____ State _____ Zip _____ Years _____ Months _____
Business Phone _____ Department Name _____
Current Weekly Wages - Take Home Pay \$ _____ Job Title _____ Supervisor _____

Previous Employer

Self Others Name _____ Number and Street _____
City _____ State _____ Zip _____ Years _____ Months _____
Business Phone _____ Department Name _____

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation

TYPE OF OTHER INCOME	SOURCE	MONTHLY AMOUNT
		\$

Banking Information

Bank Account Type Name of Bank Branch Name and City Savings Acct. No. Checking Acct. No.

Current Vehicle Description

Year Make Model Body Style Tag # Financed By Balance Due or Date Paid

Insurance Company

Company Name Agent Agent's Phone

Creditors

Name of Creditor Address Account Number Date Opened/Closed
Name of Creditor Address Account Number Date Opened/Closed

Give Brief Description of your Credit Problems

Have you ever had a car or other merchandise repossessed? No Yes If yes, when? Have you ever filed bankruptcy? No Yes If yes, when?
Is applicant obligated to make alimony support or separate maintenance payments? If yes, amount paid per month \$

Information on Vehicle Being Financed - This car will be Registered in the Name of:

Year Make Color Number & Street:
VIN # Current Mileage City, State, Zip:
Car License #: Operator's License #:

I certify that the above information is complete and accurate. You are authorized to investigate my credit and employment history and to release information about your credit experience with me.

APPLICANT SIGNATURE: _____ DATE: _____

REFERENCE FORM

CUSTOMER: _____

DEALER: **PRISTINE MOTORS**

LANDLORD NAME: _____

LANDLORD ADDRESS: _____

LANDDLORD PHONE: _____

REFERENCES :

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Telephone: _____

Telephone: _____

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Telephone: _____

Telephone: _____

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Telephone: _____

Telephone: _____

DEPENDENT CHILDREN:

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

_____ Please check if NO DEPENDENTS